
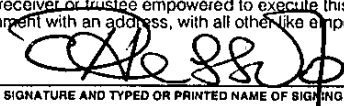


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 050 \*\*\*150.00

<b>DOCUMENT # P12280</b> 1. Entity Name <b>COMPREHENSIVE CANCER CENTERS, INC.</b>					
Principal Place of Business <b>8201 BEVERLY BLVD C/O LEGAL DEPARTMENT LOS ANGELES, CA 90048</b>			Mailing Address <b>8201 BEVERLY BLVD C/O LEGAL DEPARTMENT LOS ANGELES, CA 90048 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GODDARD, JOHN G 1800 CONCORD PIKE WILMINGTON, DE 19803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO JESSUP, PETER H 8201 BEVERLY BLVD LOS ANGELES, CA 90048</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVF ROGERS, PETER 8201 BEVERLY BLVD LOS ANGELES, CA 90048</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS GOFF, ANITA 8201 BEVERLY BLVD LOS ANGELES, CA 90048</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS CARRINGTON, VICTORIA B 8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT DAVIES, GREGORY A 1800 CONCORD PIKE WILMINGTON, DE 19803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SPRAGINS, SAMUEL H 1800 CONCORD PIKE WILMINGTON, DE 19803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>PETER H. JESSUP, CEO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/21/05</b> Daytime Phone # <b>(323) 966-3400</b>		

# ATTACHMENT

50006951

DOCUMENT # P12280

COMPREHENSIVE CANCER CENTERS, INC.

## 11. ADDITIONAL OFFICERS AND DIRECTORS - CONTINUED

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/COO HECKSEL, MARC L. 8201 BEVERLY BLVD LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BORDELON, STEPHEN J. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACDONALD, JOHN S. 325 W. 15 <sup>TH</sup> ST. NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCRUGGS, WESLEY L 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILBUR, DANIEL, E 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BOOTH-BARBARIN, ANN V. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ENGELMANN, GLENN M. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RHIND, MICHAEL S. 8201 BEVERLY BLVD LOS ANGELES, CA 90048