
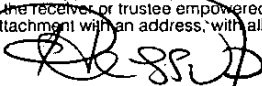


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

\$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		4. FEI Number <b>95-3901271</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GT 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODDARD, JOHN G		NAME		
STREET ADDRESS	1800 CONCORD PIKE		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19803		CITY-ST-ZIP		
TITLE	DCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JESSUP, PETER H		NAME		
STREET ADDRESS	8201 BEVERLY BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90048		CITY-ST-ZIP		
TITLE	DEVF <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, PETER		NAME		
STREET ADDRESS	8201 BEVERLY BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90048		CITY-ST-ZIP		
TITLE	EVPS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRINGTON, VICTORIA B		NAME		
STREET ADDRESS	8201 BEVERLY BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90048		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIES, GREGORY A		NAME		
STREET ADDRESS	1800 CONCORD PIKE		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19803		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRAGINS, SAMUEL H		NAME		
STREET ADDRESS	1800 CONCORD PIKE		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19803		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>1-23-06</b> Daytime Phone # <b>323-966-3400</b>		

FILED  
06 FEB -2 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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02/10/06--01080--019 \*\*350.00

P32/3

# ATTACHMENT

**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. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
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