

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 045 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P12280

1. Entity Name

COMPREHENSIVE CANCER CENTERS, INC.



Principal Place of Business

8201 BEVERLY BLVD
C/O LEGAL DEPARTMENT
LOS ANGELES, CA 90048

Mailing Address

8201 BEVERLY BLVD
C/O LEGAL DEPARTMENT
LOS ANGELES, CA 90048 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

95-3901271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW WITH FEES \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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	D GODDARD, JOHN G 1800 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SPRAGINS, SAMUEL H. 1800 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JESSUP, PETER H 8201 BEVERLY BLVD LOS ANGELES, CA 90048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/COO HECKSEL, MARC L. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVF ROGERS, PETER 8201 BEVERLY BLVD LOS ANGELES, CA 90048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CIO SCRUGGS, WESLEY L. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS GOFF, ANITA 8201 BEVERLY BLVD LOS ANGELES, CA 90048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RHIND, MICHAEL S. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DAVIES, GREGORY A 1800 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ENGLEMANN, GLEN H. 1800 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRAZZO, JOHN P 1800 CONCORD PIKE WILMINGTON, DE 19803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOOTH-BARBARIN, ANN V. 1800 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Change <input checked="" 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)(1), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03

Date

323.966.3420

Daytime Phone #