2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P15400 DOCUMENT

1. Entity Name

CANCER TREATMENT, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90209 038 ***158.75

<u> </u>			W. T.	/ [
8181 W. BR	ice of Business DWARD BLVD #255 ERDALE FL 33324	Mailing Address 8181 W. BROWARD BL' FORT LAUDERDALE FL US			III BAAN BURU GYAN QURU KAGI	
2. Principal I	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2794774	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable 8.75 Additional ee Required	
	6. Name and Address of Current F	legistered Agent		7- Name and Address of New Registered Ag		
BARRY, S			Name	Audiess of New Registered Ag	gent	
8181 W BROWARD BLVD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 25	5 ·		 			
FORT LAUDERDALE FL 33324			City	City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	e registered office or register	ered agent, or both, in the State of Florida. I am far		
the obligat	ions of registered agent.	perpede or onlying its	s registered office of registe	ered agent, or both, in the State of Florida. I am far	miliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	Title if applicable (NO)	IC Popletoned Association			
		(10)	TE: Registered Agent signature require	d when reinstating) DATE		
ệ Fl Affor	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	05.00	
Make Check	Payable to Florida Department of S	State		Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10	OFFICERS AND D	RECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTODO (N. 44	
TITLE	PD	☐ Delete	TITLE			
NAME	STARK, BARRY		NAME	L	Change 🗀 Addition 🗟	
	8181 W. BROWARD BLVD., #255		STREET ADDRESS		\ €	
	FORT LAUDERDALE FL 33324					
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CITY-ST-ZIP 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 trusted 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Date

Daytime Phone #

Change

☐ Change

Addition

☐ Addition