

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003716

1. Entity Name

ENGLEWOOD ONCOLOGY, P.A.

*R*

Principal Place of Business

720 DOCTORS DRIVE  
ENGLEWOOD FL 34223-3992

Mailing Address

720 DOCTORS DRIVE  
ENGLEWOOD FL 34223-3992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0367072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, ALAN H  
720 DOCTORS DRIVE  
ENGLEWOOD FL 34223-3992

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, ALAN H	
STREET ADDRESS	720 DOCTORS DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223-3992	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENS, W J	
STREET ADDRESS	720 DOCTORS DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223-3992	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDER, STEPHEN L	
STREET ADDRESS	720 DOCTORS DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223-3992	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. Jackson Dickens, MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

P92000003716

PO069442

Take note that they were all paid in January 2000.

Therefore I feel that we should not be penalized in this matter.

Please change mailing address to:

Englewood Oncology P.A.  
P.O. Box 18869  
Sarasota, FL 34276-1869

If you have any questions please feel free to call.

Sincerely,

*Lana Malloy*

Lana Malloy,  
Business Mgr.

P92000003116

P20069442

## RADIATION ONCOLOGY

Alan H. Porter, M.D., F.A.C.R.  
W. Jackson Dickens, M.D.  
Stephen L. Golder, M.D.  
Dolly A. Razdan, M.D.  
Michael N. Shevach, M.D.  
M. Gray Bowen, M.D.

Diplomates American Board of Radiology  
Practice Limited to Radiation Oncology

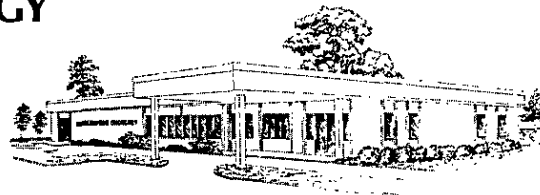
Roy E. Landers, Jr., Ph.D., F.A.C.M.P.  
Diplomates American Board of Radiology  
Therapeutic Radiological Physics

Delegate Member, Association of Community Cancer Centers



### VENICE ONCOLOGY CENTER

901 S. Tamiami Trail  
Venice, FL 34285  
(941) 485-2340



### ENGLEWOOD ONCOLOGY

720 Doctors Drive  
(Behind Englewood Hospital)  
Englewood, FL 34223  
(941) 475-7128

July 12, 2000

Florida Dept of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Englewood Oncology P.A.  
Document #P92000003716  
FEI #65-0367072

Dear Sirs,

This is to inform you that we never received the first notice of report for this corporation. It would have been paid in a timely fashion if we had received it, as were the following of which I represent:

Sarasota Radiation & Medical Oncology Center, P.A.  
FEI #59-1664395  
DOC #497016

Venice Oncology Center, P.A.  
FEI #59-3155471  
DOC #P92000015349

Charlotte Community Radiation Oncology, P.A.  
FEI #65-0607550  
DOC #P95000062658

Interhealth Facility Transport, Inc.  
FEI #59-2001243  
DOC #671961

Venice Oncology Center Condo Assoc.  
FEI #65-0034640  
DOC #N18577

Sarasota County Oncology P.A.  
FEI #65-0455920  
DOC #P93000088245