FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 PM 4:01

DOCUMENT #

1. Entity Name
ONCURE TECHNOLOGIES CORP.
P93000043191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7450 East River Road	7450 East River Road
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: Oakdale, CA	City & State: Oakdale, CA
Zip: 95361 Country: USA	Zip: 95361 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3191053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	C/D
NAME	Pacyani, Shyam B.
STREET ADDRESS	7450 East River Road, Suite 3
CITY-ST-ZIP	Oakdale, CA 95361
TITLE	CEO/S/D
NAME	Goffman, Jeffrey A.
STREET ADDRESS	7450 East River Road, Suite 3
CITY-ST-ZIP	Oakdale, CA 95361
TITLE	CFO
NAME	Baker, Richard A.
STREET ADDRESS	7450 East River Road, Suite 3
CITY-ST-ZIP	Oakdale, CA 95361
TITLE	COO
NAME	Boyajian, Gerald D.
STREET ADDRESS	7450 East River Road, Suite 3
CITY-ST-ZIP	Oakdale, CA 95361
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	100005539021--4 -05/16/02--01015--021 ****491.25 ****150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	5/20/02 ar

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. BAKER Richard A. Baker 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #