

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90149 018 ***150.00

DOCUMENT # P94000050852 (0)

1. Corporation Name

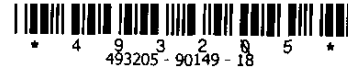
Lake Cancer Care Center, Inc.

Principal Place of Business

100 E. Hazzard St.
Eustis, FL 32726

Mailing Address

100E. Hazzard St.
Eustis, FL 32726



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 344
Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3253596

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Orlando, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

32802 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Purdon, Robert L.
100 E. Hazzard St.
Eustis, FL 32726

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Purdon, Robert L.
STREET ADDRESS 100E. Hazzard St.
CITY-ST-ZIP Eustis, FL 32726

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME Krochak, Ronald J.
STREET ADDRESS 873 Sterthaus Avenue
CITY-ST-ZIP Ormond, FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME Werplemann, Burkhardt
STREET ADDRESS 2281 Lee Rd., Ste. 204
CITY-ST-ZIP Winter Park, FL

31 TITLE DV ☒ Change ☐ Addition
32 NAME Werplemann, Burkhardt
33 STREET ADDRESS 114 Park Lake Street
34 CITY-ST-ZIP Orlando, FL 32803

TITLE DV ☐ DELETE
NAME Pirkowski, Michael
STREET ADDRESS 680 Peachwood Dr.
CITY-ST-ZIP Deland, FL

41 TITLE DV ☒ Change ☐ Addition
42 NAME Pirkowski, Michael
43 STREET ADDRESS 114 Park Lake Street
44 CITY-ST-ZIP Orlando, FL 32803

TITLE DV ☐ DELETE
NAME Sollaccio, Robert
STREET ADDRESS 2281 Lee Rd., Ste. 204
CITY-ST-ZIP Winter Park, FL

51 TITLE DV ☒ Change ☐ Addition
52 NAME Sollaccio, Robert
53 STREET ADDRESS 114 Park Lake Street
54 CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE DV ☐ Change ☒ Addition
62 NAME Sombeck, Michael
63 STREET ADDRESS 114 Park Lake Street
64 CITY-ST-ZIP Orlando, FL 32803

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

4-22-99

CR2E034 (11/98)