

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90157 025 ***150.00

0094088 AV

DOCUMENT # P94000050852

1. Entity Name

LAKE CANCER CARE CENTER, INC.

Principal Place of Business

**100 E. HAZZARD ST.
 EUSTIS FL 32726**

Mailing Address

**PO BOX 344
 ORLANDO FL 32802**

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

59-3253596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PURDON, ROBERT L
 100 E. HAZZARD ST.
 EUSTIS FL 32726**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **DV GRAHAM, GARY R**
 STREET ADDRESS **680 PEACHWOOD DR**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV KROCHAK, RONALD**
 STREET ADDRESS **873 STERTHAUS AVE.**
 CITY-ST-ZIP **ORMOND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV WEPPELMANN, BURKHARD**
 STREET ADDRESS **114 PARK LAKE ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV PIRKOWSKI, MICHAEL**
 STREET ADDRESS **114 PARK LAKE ST**
 CITY-ST-ZIP **DELAND FL**

TITLE ☒ Change ☐ Addition
 NAME *Vice Pres Pirkowski, Michael*
 STREET ADDRESS *114 Park Lake Street*
 CITY-ST-ZIP *Orlando FL 32803*

TITLE ☐ Delete
 NAME **DV SOLLACCIO, ROBERT**
 STREET ADDRESS **114 PARK LAKE ST**
 CITY-ST-ZIP **DELAND FL**

TITLE ☒ Change ☐ Addition
 NAME *Vice Pres Sollaccio, Robert*
 STREET ADDRESS *114 Park Lake Street*
 CITY-ST-ZIP *Orlando FL 32803*

TITLE ☐ Delete
 NAME **DV SOMBECK, MICHAEL**
 STREET ADDRESS **114 PARK LAKE ST**
 CITY-ST-ZIP **DELAND FL**

TITLE ☒ Change ☐ Addition
 NAME *Vice Pres Sombek, Michael*
 STREET ADDRESS *114 Park Lake Street*
 CITY-ST-ZIP *Orlando FL 32803*

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02

407-872-7786

CR2E034 (9/01)