

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000003994**

1. Entity Name

PHYSICIANS CANCER CARE NETWORK, INC.**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90259 015 ***150.00

Principal Place of Business

Mailing Address

**2501 N. ORNAGE AVE., SUITE 201
ORLANDO FL 32804****2501 N. ORNAGE AVE., SUITE 201
ORLANDO FL 32804-4642**

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

59-3354184

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

**WEIDNER, DONALD W ESQ.
10161 CENTURION PARKWAY NORTH, SUITE 190
JACKSONVILLE FL 32256**

Name

James D. Montavon

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

2501 N. Orange Ave.**Suite 307**

City

Orlando**FL**Zip Code
32804

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

4/24/009. 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, 2000 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 **D** ☐ Delete
NAME **AMBINDER, ROY M.D.**
STREET ADDRESS **2501 N. ORANGE AVE., SUITE 201**
CITY-ST-ZIP **ORLANDO FL 32804**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOUSSE, RALPH M.D.**
STREET ADDRESS **2501 N. ORANGE AVE., SUITE 201**
CITY-ST-ZIP **ORLANDO FL 32804**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FINKLER, NEIL M.D.**
STREET ADDRESS **500 E. ROLLINS STREET, SUITE 103**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOLLOWAY, ROBERT M.D.**
STREET ADDRESS **500 E. ROLLINS STREET, SUITE 103**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SOLLACCIO, ROBERT M.D.**
STREET ADDRESS **601 E. ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SOMBECK, MICHAEL M.D.**
STREET ADDRESS **7727 LAKE UNDERHILL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00**407 894 0028**

CF E04 (1/9/99)