2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 06, 2000 8:00 am Secretary of State DOQUMENT# **P96000036006** i. Entity Name 03-06-2000 90065 049 ***150.00 CANCER SPECIALTY NETWORK, INC. Mailing Address SOMERMAN Principal Place of Business ATTN: SUSAN SOMEBIAN - NORTHEAST MIAMI GARDENS DR., STE. 235 R0033652 MIAMI BEACH FL 33179 10829 NASHVILLE DR COOPER CITY FL 33026-4904 3. Mailing Address 2. Principal Place of Business PTTN: SUSAN JOMERMAN Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0660232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHEL, PETER L CPA Street Address (P.O. Box Number is Not Acceptable) 2396 NE 172 ST N MIAMI BEACH FL 33160 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) **PSTD** ☐ Change ☐ Addition TITLE Delete SOMERMAN, SUSAN J NAME NAME STREET ADDRESS STREET ADDRESS 1380 NORTHEAST MIAMI GARDENS DR., STE. 235 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nd, qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if empowered. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and acqu 13. I hereby certify that the information supplies

Daytime Phone #