

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077595

1. Entity Name

ONCOLOGY SERVICE HOLDINGS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90014 048 ***550.00

Principal Place of Business

C/O BARRY S TEPPERMAN
3511 W COMMERCIAL BLVD #200
FT LAUDERDALE FL 33308
US

Mailing Address

2813 PALMER DRIVE
HOLLYWOOD FL 33021

2. Principal Place of Business

21390 JOHNSON RD

3. Mailing Address

PO BOX 78X

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEMENTS CA

City & State

CLEMENTS CA

4. FEI Number

65-0718372

Applied For

Not Applicable

Zip

95227

Country

USA

Zip

95227

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS TEPPERMAN, BARRY S M.D.
CITY-ST-ZIP 3511 W COMMERCIAL BLVD #200
FTB LAUDERDALE FL 33308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 21390 JOHNSON RD
STREET ADDRESS CLEMENTS CA
CITY-ST-ZIP 95227

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 Required

9/9/00

Date

(209)472-1888

Daytime Phone #