

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030501

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: CANCER CARE SPECIALISTS, INC.

## Current Principal Place of Business:

BETHESDA CENTER FOR RAD/ONC  
2815 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

BETHESDA CENTER FOR RAD/ONC  
2815 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

## New Mailing Address:

FEI Number: 65-0764868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, BRUCE D M.D.  
BETHESDA CENTER FOR RAD/ONC  
2815 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GREENE, BRUCE D M.D.  
Address: 2815 SOUTH SEACREST BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD ( ) Delete  
Name: PARSONS, JAMES T M.D.  
Address: 2815 S. SEACREST BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE D. GREENE, MD

PD

03/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date