

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030501

FILED
Jul 17, 2006
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 Chapter 119, 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

PRES

07/17/2006

Electronic Signature of Signing Officer or Director

Date