

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90130 038 ***550.00

DOCUMENT # **P97000057650**

1. Entity Name **TREATMENT CENTERS FOR
 CANCER AND BLOOD DISORDERS**

Principal Place of Business

Mailing Address
1300 W. OAK ST

C0072963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1300 W. OAK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KISSIMMEE, FL.

4. FEI Number
59-3454597

Applied For
 Not Applicable

Zip

Country

Zip
34741 Country
USA

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

FOLEY & LARDNER
111 N. ORANGE AVE
STE. 1800
ORLANDO, FL 32802-2193

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 \$150.00
After MAY 1, 2001 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 **PRESIDENT** ☐ Delete
 NAME **ARNOLD I. MILLER**
 STREET ADDRESS **1300 W. OAK ST**
 CITY-ST-ZIP **KISSIMMEE, FL. 34741**

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

TITLE **JORGE G. OTOYA** ☐ Delete
 NAME **1300 W. OAK ST**
 STREET ADDRESS **KISSIMMEE, FL. 34741**
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/01 407-933-2775

CR2E034 (11/00)