FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097316

1. Corporation Name

Florida Community Cancer & Imaging Centers, P.A.

Principal Place of Business:
614 Main Street
Dunedin, FL 34698

Mailing Address:
614 Main Street
Dunedin, FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/97

4. FEI Number: 59-3477805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

F&L Corp.
The Greenleaf Building
200 Laura Street, Third Floor
Jacksonville, FL 32201-0240 US

10. Name and Address of New Registered Agent

61 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Addas, William MD		1.2 NAME	Assad, William MD
STREET ADDRESS	4926 Bay Way Place		1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Caradonna, Richard MD		2.2 NAME	900002570179--9
STREET ADDRESS	6161 Waters Way		2.3 STREET ADDRESS	-06/23/98--01090--019
CITY-ST-ZIP	Spring Hill, FL 34607		2.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Kahn, Randy MD		3.2 NAME	
STREET ADDRESS	16 Bahama Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33606		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	McAloon, Edward MD		4.2 NAME	
STREET ADDRESS	P.O. Box 6765, N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	Ozona, FL 34660		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Robbins, Gerald MD		5.2 NAME	
STREET ADDRESS	8551 Skymaster Drive		5.3 STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34654		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Weiss, Barry MD		6.2 NAME	
STREET ADDRESS	1074 Point Seaside Drive		6.3 STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34654		6.4 CITY-ST-ZIP	CONTINUED ON PAGE 2

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-15-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

(2)

ATTACHMENT
TO 1998 ANNUAL REPORT
FOR
FLORIDA COMMUNITY CANCER & IMAGING CENTERS, P.A.

DOCUMENT #P97000097316

12.

D/P
Zimmerman, Warren M.D.
c/o May Diagnostics
5626 Gulf Drive
New Port Ritchie, FL 34652