

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90006 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET, THIRD FLOOR
JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent

81 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ASSAD, WILLIAM MD	
STREET ADDRESS	4926 BAY WAY PLACE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARADONNA, RICHARD MD	
STREET ADDRESS	6161 WATERS WAY	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, RANDY MD	
STREET ADDRESS	16 BAHAMA CIRCLE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCALOON, EDWARD MD	
STREET ADDRESS	P.O. BOX 6765	
CITY-ST-ZIP	OZONA FL 34660	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, GERALD MD	
STREET ADDRESS	8551 SKYMASTER DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, BARRY MD	
STREET ADDRESS	1074 POINT SEASIDE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carolan, Fred MD	
2.3 STREET ADDRESS	1644 Santa Barbara Drive	
2.4 CITY-ST-ZIP	Dunedin FL 34698	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brooks, Charles MD	
3.3 STREET ADDRESS	2841 Owl Drive	
3.4 CITY-ST-ZIP	Palm Harbor FL 34683	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McCreary, Robert MD	
4.3 STREET ADDRESS	212 Skiff Point	
4.4 CITY-ST-ZIP	Clearwater FL 33767	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zimmerman, Warren MD	
6.3 STREET ADDRESS	3233 Hyde Park Drive	
6.4 CITY-ST-ZIP	Clearwater FL 33761	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99

Date

Daytime Phone #

CR2E034 (11/98)