

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90269 047 ***150.00

DOCUMENT # P97000097316

1. Entity Name

FLORIDA COMMUNITY CANCER & IMAGING CENTERS, P.A.

Principal Place of Business

Mailing Address

**614 MAIN STREET
DUNEDIN FL 34698****614 MAIN STREET
DUNEDIN FL 34698-5847**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3477805

Applied For

Not Applicable

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

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input checked="" type="checkbox"/>
	ASSAD, WILLIAM MD	4926 BAY WAY PLACE	TAMPA FL 33629	
	D			<input type="checkbox"/>
	CAROLAN, FRED MD	1644 SANTA BARBARA DRIVE	DUNEDIN FL 34698	
	D			<input checked="" type="checkbox"/>
	BROOKS, CHARLES MD	2841 OWL DRIVE	PALM HARBOR FL 34683	
	D			<input type="checkbox"/>
	MCCREARY, ROBERT MD	212 SKIFF POINT	CLEARWATER FL 33767	
	D			<input type="checkbox"/>
	ROBBINS, GERALD MD	8551 SKYMASTER DRIVE	NEW PORT RICHEY FL 34654	
	D			<input type="checkbox"/>
	ZIMMERMAN, WARREN MD	3233 HYDE PARK DRIVE	CLEARWATER FL 33761	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Director	Lawrence Hochman, D.O.	8107 Moonlight Lane	New Port Richey, Fl. 34654	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Larry Gandle, M.D.	15705 Richboro Court	Tampa, Fl. 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)