

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097316

1. Entity Name

FLORIDA COMMUNITY CANCER & IMAGING CENTERS, P.A.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90070 023 ***150.00

Principal Place of Business

~~674 MAIN STREET~~
~~DUNEDIN FL 34698~~

Mailing Address

~~674 MAIN STREET~~
~~DUNEDIN FL 34698~~

C0022879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 N. Starcrest Dr.

3. Mailing Address

101 N. Starcrest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Clearwater FL

Clearwater FL

Zip

Country

Zip

Country

33765

USA

33765

USA

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASSAD, WILLIAM MD
4926 BAY WAY PLACE
TAMPA FL 33629 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAROLAN, FRED MD
1644 SANTA BARBARA DRIVE
DUNEDIN FL 34698 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROOKS, CHARLES MD
2841 OWL DRIVE
PALM HARBOR FL 34683 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
Gandla, Larry
15705 Richboro Court
Tampa, FL 33647 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCREARY, ROBERT MD
212 SKIFF POINT
CLEARWATER FL 33767 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBBINS, GERALD MD
8551 SKYMASTER DRIVE
NEW PORT RICHEY FL 34654 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIMMERMAN, WARREN MD
3233 HYDE PARK DRIVE
CLEARWATER FL 33761 ☐ Delete

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

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 #

1-23-01

727/450-2200

CR2E034 (10/00)

0371005