

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90005 031 ***150.00

DOCUMENT # P97000097316

1. Entity Name

FLORIDA COMMUNITY CANCER CENTERS, P.A.

Principal Place of Business

**101 N. STARCREST DR
 SUITE 200
 CLEARWATER FL 33765
 US**

Mailing Address

**101 N. STARCREST DR
 SUITE 200
 CLEARWATER FL 33765
 US**

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, 2002 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 **D** ☐ Delete
 NAME **ASSAD, WILLIAM MD**
 STREET ADDRESS **4926 BAY WAY PLACE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **D** ☐ Delete
 NAME **GANDLE, LARRY**
 STREET ADDRESS **15705 RICHBORO COURT**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **T/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)