

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000097316**

**1. Corporation Name**

FLORIDA COMMUNITY CANCER CENTERS, P.A.

**2. Principal Office Address**

601 South Armenia Avenue

Suite, Apt. #, etc.

City & State

Tampa

Zip

FL

Country

33609

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/14/1997

**5. FEI Number**

59-3477805

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 83**

**7. Name and Address of Current Registered Agent**

Name

William Assad, M.D.

Street Address (P.O. Box Number is Not Acceptable)

601 South Armenia Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*William Assad*

REGISTERED AGENT MUST SIGN

Date 10-16-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Larry Gandle, M.D.	601 South Armenia Avenue	Tampa, FL 33609
VP/D	Gerald Robbins, M.D.	601 South Armenia Avenue	Tampa, FL 33609
S/D	William Assad, M.D.	601 South Armenia Avenue	Tampa, FL 33609
T/D	Robert McCreary, M.D.	601 South Armenia Avenue	Tampa, FL 33609

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

(813) 353-8803

Daytime Phone #

21 10/27