


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90107 005 ***750.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000086917 1. Corporation Name WEST BROWARD CANCER CARE CENTER, INC.					
Principal Place of Business 3511 W. COMMERCIAL BLVD. #200 FT. LAUDERDALE FL 33309			Mailing Address 3511 W. COMMERCIAL BLVD. #200 FT. LAUDERDALE FL 33309		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		
3. Date Incorporated or Qualified 10/09/1998			4. FEI Number 65-0875784		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent RONES, VICTOR K 16105 NE 18TH AVENUE NORTH MIAMI BEACH FL 33062			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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: _____ DATE: _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME MILLER, BRYAN W JR. STREET ADDRESS 8991 NW 188TH STREET CITY-STATE-ZIP MIAMI FL 33018			1.1 TITLE D. 1.2 NAME ARDIE R. NICKEL 1.3 STREET ADDRESS 3511 W. COMMERCIAL BLVD. # 200 1.4 CITY-STATE-ZIP FT. LAUDERDALE FL. 33309		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 			2.1 TITLE D. 2.2 NAME DR. ROBERT PEARSON 2.3 STREET ADDRESS 3511 W. COMMERCIAL BLVD. # 200 2.4 CITY-STATE-ZIP FT. LAUDERDALE FL. 33309		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 			3.1 TITLE SEC/TREASURER 3.2 NAME H. JOSEPH HALL 3.3 STREET ADDRESS 3511 W. COMMERCIAL BLVD. # 200 3.4 CITY-STATE-ZIP FT. LAUDERDALE FL. 33309		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP 		

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: X

H. JOSEPH HALL

3/15/99

(954) 735-8588

CR2E034 (11/98)