

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90125 017 ***150.00

DOCUMENT # P98000104904

1. Corporation Name
FLORIDA REGIONAL CANCER CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
NAKOMA DRIVE
BEVERLY HILLS FL 34465

Mailing Address
6071 NAKOMA DRIVE
BEVERLY HILLS FL 34465

3. Date Incorporated or Qualified

12/15/1998

2. Principal Place of Business
3406 N. LECANTO HWY

2a. Mailing Address
26 2650 ELM AVENUE

4. FEI Number
59-3543681

Applied For
 Not Applicable

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
205

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
BEVERLY HILLS, FLORIDA

28. City & State
LONG BEACH, CA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip **34465** Country **25 U.S.A.**

29. Zip **90806** Country **30 U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

EGAN, THOMAS
915 SE 17 STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SYED, A M
STREET ADDRESS	2650 ELM AVE STE 205
CITY-ST-ZIP	LONG BEACH CA 90806
TITLE	D <input type="checkbox"/> DELETE
NAME	RAO, G J
STREET ADDRESS	3406 N LECANTO HWY
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AJMEL PUTHAWALA, M.D.
1.3 STREET ADDRESS	2650 ELM AVENUE, SUITE 205
1.4 CITY-ST-ZIP	LONG BEACH, CA 90806
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Y.S. RAM RAO, M.D.
2.3 STREET ADDRESS	2650 ELM AVENUE, SUITE-205
2.4 CITY-ST-ZIP	LONG BEACH CA 90806
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOUCHAIB RABBANI, Ph.D.
3.3 STREET ADDRESS	2650 ELM AVENUE, SUITE 205
3.4 CITY-ST-ZIP	LONG BEACH CA 90806
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MUNTERH E. ALQAISI, M.D.
4.3 STREET ADDRESS	2650 ELM AVENUE, SUITE 205
4.4 CITY-ST-ZIP	LONG BEACH, CA 90806
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-15-99**

State Phone #