

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90030 035 ***150.00

DOCUMENT # P98000104904

1. Entity Name

FLORIDA REGIONAL CANCER CARE, INC.

Principal Place of Business

Mailing Address

**3406 N LECANTO HWY
 A
 BEVERLY HILLS FL 34465**

**2650 ELM AVE
 205
 LONG BCH CA 90806-1600
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EGAN, THOMAS
 915 SE 17 STREET
 Ocala FL 34471**

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, 2000 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 Delete
 NAME **D SYED, A M**
 STREET ADDRESS **2650 ELM AVE STE 205**
 CITY-ST-ZIP **LONG BEACH CA 90806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RAO, G J**
 STREET ADDRESS **3406 N LECANTO HWY**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PUTHAWALA, AJMEL**
 STREET ADDRESS **2650 ELM AVE SUITE 205**
 CITY-ST-ZIP **LONG BCH CA 90806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RAM RAO, YS**
 STREET ADDRESS **2650 ELM AVE STE 205**
 CITY-ST-ZIP **LONG BCH CA 90806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RABBANI, BOUCHAIB**
 STREET ADDRESS **2650 ELM AVE STE 205**
 CITY-ST-ZIP **LONG BCH CA 90806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ALQAIST, MUNTH E**
 STREET ADDRESS **2650 ELM AVE STE 205**
 CITY-ST-ZIP **LONG BCH CA 90806**

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:

Thomas M. Egan

3/27/02

(562) 492-6695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)