

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90028 022 \*\*\*150.00

**DOCUMENT # P98000104904**

1. Entity Name  
**FLORIDA REGIONAL CANCER CENTERS, INC.**

Principal Place of Business <b>3406 N LECANTO HWY                  A                  BEVERLY HILLS FL 34465</b>	Mailing Address <b>2650 ELM AVE                  205                  LONG BCH CA 90806                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3543681</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>EGAN, THOMAS                  915 SE 17 STREET                  Ocala FL 34471</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SYED, A M</b>			NAME			
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LONG BEACH CA 90806</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAO, G J</b>			NAME			
STREET ADDRESS	<b>3406 N LECANTO HWY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PUTHAWALA, AJMEL</b>			NAME			
STREET ADDRESS	<b>2650 ELM AVE SUITE 205</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAM RAO, YS</b>			NAME			
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RABBANI, BOUCHAIB</b>			NAME			
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ALQAIST, MUNTHER E</b>			NAME	<b>D</b>		
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>			STREET ADDRESS	<b>ALQAI SI, MUNTHER E</b>		
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>			CITY-ST-ZIP	<b>2650 ELM AVE STE 205</b>		
					<b>LONG BEACH CA 90806</b>		

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: \_\_\_\_\_ (562) 492-6695  
 \_\_\_\_\_ Date: 3/20/01 Daytime Phone #

CR2E034 (10/00)