2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# P98000104904

Entity Name: FLORIDA REGIONAL CANCER CENTERS, INC.

Current Principal Place of Business:

3406 N LECANTO HWY
A
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

2650 ELM AVE
201
LONG BCH, CA 90806 US

New Mailing Address:

FEI Number: 59-3543681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EGAN, THOMAS
915 SE 17 STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SYED, A M
Address: 2650 ELM AVE STE 201
City-St-Zip: LONG BEACH, CA 90806

Title: D ( ) Delete
Name: RAO, G J
Address: 3406 N LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete
Name: PUTHAWALA, AJMEL
Address: 2650 ELM AVE SUITE 201
City-St-Zip: LONG BCH, CA 90806

Title: D ( ) Delete
Name: RAM RAO, YS
Address: 2650 ELM AVE STE 201
City-St-Zip: LONG BCH, CA 90806

Title: D ( ) Delete
Name: RABBANI, BOUCHAIB
Address: 2650 ELM AVE STE 201
City-St-Zip: LONG BCH, CA 90806

Title: D ( ) Delete
Name: ALQAISI, MUNTHER E
Address: 2650 ELM AVE STE 201
City-St-Zip: LONG BCH, CA 90806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.M. NISAR SYED, M.D. SECR 02/10/2006
Electronic Signature of Signing Officer or Director Date