


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 25, 2003 8:00 am  
Secretary of State

02-25-2003 90133 019 \*\*\*150.00

**DOCUMENT # P98000104904**

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



Principal Place of Business  
**3406 N LECANTO HWY  
A  
BEVERLY HILLS FL 34465**

Mailing Address  
**2650 ELM AVE  
205  
LONG BCH CA 90806  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**EGAN, THOMAS  
915 SE 17 STREET  
OCALA FL 34471**

4. FEI Number **59-3543681**  
Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SYED, A M</b>	
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>	
CITY-ST-ZIP	<b>LONG BEACH CA 90806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAO, G J</b>	
STREET ADDRESS	<b>3406 N LECANTO HWY</b>	
CITY-ST-ZIP	<b>BEVERLY-HILLS FL-34465</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUTHAWALA, AJMEL</b>	
STREET ADDRESS	<b>2650 ELM AVE SUITE 205</b>	
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAM RAO, YS</b>	
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>	
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RABBANI, BOUCHAIB</b>	
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>	
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALQAISI, MUNTHER E</b>	
STREET ADDRESS	<b>2650 ELM AVE STE 205</b>	
CITY-ST-ZIP	<b>LONG BCH CA 90806</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

2/18/03 (562) 492-6695  
Date Daytime Phone #

CR2E034 (10/02)