

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000023470****1. Entity Name****BARRY S. TEPPERMAN, M.D., P.A.****Principal Place of Business****C/O RADIATION CENTERS OF AMERICA, INC.
7850 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321****Mailing Address****C/O RADIATION CENTERS OF AMERICA, INC.
7850 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321****2. Principal Place of Business**
4961 NW 72 TERRACE**3. Mailing Address**
4904 HILDRETH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL FL**City & State**
STOCKTON CA**4. FEI Number****65-0905193**

Applied For

Not Applicable

Zip
33319

Country

Zip
95212

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****TEPPERMAN BARRY S
C/O RADIATION CENTERS OF AMERICA, INC.
7850 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321****7. Name and Address of New Registered Agent****Name****TEPPERMAN BARRY S****Street Address (P.O. Box Number is Not Acceptable)****4961 NW 72 TERRACE****City
LAUDERHILL****FL****Zip Code
33319****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)

02/16/2000

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****TITLE D**
NAME TEPPERMAN BARRY S.M.D.
STREET ADDRESS 7850 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP TAMARAC FL 33321**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE D**
NAME TEPPERMAN BARRY S.M.D.
STREET ADDRESS 4904 HILDRETH LANE
CITY-ST-ZIP STOCKTON CA 33319**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
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: Barry Steven Tepperman****D 02/16/2000**