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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S76993 (2)

1. Corporation Name  
CCC OF NORTH MIAMI BEACH, INC.

Principal Place of Business

C/O LESLIE F. BELL  
8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048

Mailing Address

C/O LESLIE F. BELL  
8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048-4520



3. Date Incorporated or Qualified 08/30/1991  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0291486

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

DAVERSA, RICHARD  
C/O MT. SINAI COMPREHENSIVE CANCER CENTER  
4300 ALTON RD.  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SALICK, BERNARD M.D.  
STREET ADDRESS 8201 BEVERLY BLVD.  
CITY-ST-ZIP LOS ANGELES CA

☐ DELETE

TITLE VTSD  
NAME BELL, LESIE F  
STREET ADDRESS 8201 BEVERLY BLVD.  
CITY-ST-ZIP LOS ANGELES CA

☐ DELETE

TITLE DV  
NAME FIORE, MICHAEL T.  
STREET ADDRESS 8201 BEVERLY BLVD.  
CITY-ST-ZIP LOS ANGELES CA

☐ DELETE

TITLE V  
NAME HUNDAHL, BLAIR L.  
STREET ADDRESS 8201 BEVERLY BLVD.  
CITY-ST-ZIP LOS ANGELES CA

☐ DELETE

TITLE V  
NAME DAVERSA, RICHARD  
STREET ADDRESS 4300 ALTON RD  
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

TITLE V  
NAME LA MACCHIA, ANTHONY  
STREET ADDRESS 8201 BEVERLY BLVD.  
CITY-ST-ZIP LOS ANGELES CA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Blair L. Hundahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BLAIR L. HUNDAHL

2/24/97

Date

213-966-3400

Daytime Phone #

CR2E034 (9/96)