

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0614737 AT

DOCUMENT # S76993

1. Entity Name

CCC OF NORTH MIAMI BEACH, INC.

04-01-2002 90655 043 ***150.00

Principal Place of Business

Mailing Address

**C/O LEGAL DEPT
 8201 BEVERLY BOULEVARD
 LOS ANGELES CA 90048**

**C/O LEGAL DEPT
 8201 BEVERLY BOULEVARD
 LOS ANGELES CA 90048**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0291486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GODDARD, JOHN G**
 STREET ADDRESS **1800 CONCORD PIKE**
 CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DEVP** ☐ Delete
 NAME **ROGERS, PETER**
 STREET ADDRESS **8201 BEVERLY BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVPS** ☐ Delete
 NAME **GOFF, ANITA**
 STREET ADDRESS **8201 BEVERLY BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DCP** ☐ Delete
 NAME **JESSUP, PETER H**
 STREET ADDRESS **8201 BEVERLY BLVD**
 CITY-ST-ZIP **LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☐ Delete
 NAME **DAVIES, GREGORY A**
 STREET ADDRESS **1800 CONCORD PIKE**
 CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☐ Delete
 NAME **BRAZZO, JOHN P**
 STREET ADDRESS **1800 CONCORD PIKE**
 CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Jessup

Date

3-8-02

Daytime Phone #

CR2E034 (9/01)

CCC of North Miami Beach, Inc. (FL)
8201 Beverly Blvd
Los Angeles, CA 90048

615402
576993

Attachment to [Signature]

Directors:

Peter H. Jessup
John G. Goddard
Peter J. Rogers

Officers:

Peter H. Jessup
Peter J. Rogers

Anita R. Goff
Michael S. Rhind
Gregory A. Davies
John P. Brazzo
Glenn M. Engelmann
Ann V. Booth-Barbarin

Chairman, Chief Executive Officer & President
Executive Vice President, Chief Financial Officer &
Treasurer
Executive Vice President & Secretary
Assistant Treasurer
Assistant Treasurer
Assistant Treasurer
Assistant Secretary
Assistant Secretary



VICTORIA B. CARRINGTON
ASSOCIATE COUNSEL

CORPORATE OFFICE (323) 966-3400
DIRECT LINE (323) 966-3529
DEPARTMENT FAX (323) 966-3616
E-MAIL: vcarring@salick.com

Call Attachment

+ Doct

576993

615402

March 20, 2002

VIA FIRST CLASS MAIL

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Reports

Enclosed are an original and one copy of the completed Uniform Business Reports for **Salick Health Care, Inc., Comprehensive Cancer Centers, Inc. and CCC of North Miami Beach, Inc.** along with three checks each in the amount of \$150 payable to the Department of State to cover the requisite filing fees.

Please endorse and date stamp the enclosed copies of the Uniform Business Reports and return them to my attention in the enclosed self-addressed stamped envelope for our records. If you have any comments or questions, please contact me at the address noted above.

Very truly yours,

Victoria B. Carrington

Enclosures