FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S79761 (0)

1. Corporation Name
CCCLP CORP.

Principal Place of Business	Mailing Address
8201 BEVERLY BLVD. LOS ANGELES CA 90048	8201 BEVERLY BLVD. LOS ANGELES CA 90048

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 08/10/1995
4. FEI Number: 65-0291483 ☐ 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
MT. SINAI COMPREHENSIVE CANCER CENTER
4300 ALTON ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	SALICK, BERNARD		1.2 NAME	HULDAHL, BLAIR
STREET ADDRESS	8201 BEVERLY BLVD.		1.3 STREET ADDRESS	8201 BEVERLY BLVD
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	LOS Angeles, CA 90048
TITLE	DVTS	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	BELL, LESLIE F.		2.2 NAME	LA MACCHIA, ANTHONY
STREET ADDRESS	8201 BEVERLY BLVD.		2.3 STREET ADDRESS	8201 BEVERLY BLVD
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	LOS Angeles, CA 90048
TITLE	DVP	☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	FIORE, MICHAEL T.		3.2 NAME	DAVERSA, RICHARD
STREET ADDRESS	8201 BEVERLY BLVD.		3.3 STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	600001821986
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/15/96--01031--024
TITLE		☐ DELETE	6.1 TITLE	***208.75 ☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/15/96 (213) 966-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LESLIE F. BELL EXECUTIVE VICE PRESIDENT