FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # V19174**

SOUTH FLORIDA REGIONAL CANCER CONSULTANTS III. I

Principal Place of Business Mailing Address 3850 TAMPA ROAD 3850 TAMPA ROAD PALM HARBOR FL 34684-3670 PALM HARBOR FL 34684 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1992 04/09/1996 2a. Mailing Address Applied For 2. Principal Place of Business 59-3117503 Not Applicable 21. 26 Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip This corporation has liability for intengible tax under s. 199.032, 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRALINS, MYLES J. % TRALINS & ASSOCIATES 82 Street Address (P.O. Box Number is Not Acceptable) 2 S BISCAYNE BLVD #3310 83 **MIAMI FL 33131** 84 Zip Code Bši 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change Addition TITLE DELETE 1,1 TITLE TRALINS, ALAN H NAME 1.2 NAME 2E034 3850 TAMPA RD. 1.9 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY - ST-ZIP CITY - ST - ZIP THE DELETE 21 THLE Change Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City - St - ZiP Change Addition TITLE DELETE **6.1 TITLE**

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supplied with information indicated on this annual report or sur Lam an officer or director of the corporation appears in Block 12 or Block 13 if change

NAME

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

in siling does not flualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the contain annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ever or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.

FILED

Apr 24 1997 8:00am

Secretary of State