

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 018 ***150.00

DOCUMENT # P02000073518

1. Entity Name
CANCER CARE OF NORTH FLORIDA, P.A.



Principal Place of Business
4701 HIGHWAY 47 SOUTH Suite #3
LAKE CITY FL 32025

Mailing Address
4701 HIGHWAY 47 SOUTH Suite #3
LAKE CITY FL 32025

2. Principal Place of Business
4201 HIGHWAY 47 SOUTH

3. Mailing Address
PO BOX 1642

Suite, Apt. #, etc.
SUITE #3

Suite, Apt. #, etc.

City & State
LAKE CITY, FLORIDA

City & State
LAKE CITY, FLORIDA

4. FEI Number
06-1641228

Applied For
Not Applicable

Zip
32025

Country
USA

Zip
32056-1642

Country
USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
WASEE MULLAH KHAN

Street Address (P.O. Box Number is Not Acceptable)
4201 HIGHWAY 47 SOUTH SUITE 3

City
LAKE CITY

FL

Zip Code
32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Waseem Khan

DATE 04-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KHAN, WASEEMULLAH
R.R. 17 BOX 2029-6
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KHAN, WASEE MULLAH
ROUTE 8 BOX 32882
LAKE CITY, FL 32055 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Waseem Khan 04-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)