

LD1000017647

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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*Handwritten signature/initials*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Community Center  
Cancer of  
North

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- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- ☒ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

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10/21

Name

Date

Time

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Will Pick Up



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 21, 2003

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: COMMUNITY CANCER CENTER OF NORTH FLORIDA, LLC  
Ref. Number: W03000030615

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03 OCT 22 AM 9:43  
TALLAHASSEE, FLORIDA

We have received your document for COMMUNITY CANCER CENTER OF NORTH FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the NEW R.A. and sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 403A00057365

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TALLAHASSEE, FLORIDA

*Corrected*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMMUNITY CANCER CENTER OF NORTH FLORIDA, LLC.
2. The mailing address of the corporation: P.O. Box 141620, GAINESVILLE FL 32614-1620
3. Date of incorporation/qualification: 10/11/2001 Document number: LO1000017647
4. The name and address of the current registered agent and office:

Schilling, PAUL  
2828 N.W. 142<sup>nd</sup> Ave.  
GAINESVILLE, FL 32609

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Capital Connection, Inc.  
417 E. Virginia St.  
Ste. #1  
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X [Signature]  
(Signature of an officer, chairman or vice chairman of the board)

10/16/03  
(Date)

PAUL J. Schilling, M.D., MEMBER.  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Lellani White  
(Signature of Registered Agent)

10/21/03  
(Date)

If signing on behalf of an entity:

Lellani White  
(Typed or Printed Name)

10/21/03  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*