

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073518

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

Current Principal Place of Business:

289 SW STONEGATE TERRACE
103
LAKE CITY, FL 32024

Current Mailing Address:

PO BOX 1642
LAKE CITY, FL 32056-1642

FEI Number: 06-1641228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX PLUS SOLUTIONS, INC.
4158 WEST US HIGHWAY 90
LAKE CITY, FL 32055 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name KHAN, WASEEMULLAH
Address P.O. BOX 1642
City-State-Zip: LAKE CITY FL 32056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WASEEMULLAH KHAN

PRESIDENT

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date