Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90108 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 577303

1. Corporation Name

JACKSOI	WILLE UNCOLOGY GROU	F, F.A.									
Principal Place of Business Mailing Address								1 1881 8 18 18 18 18 18 18 18 18 18 18 1		ר וופוס וופוס וופן	וספר וופוס רוסון
4131 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216 4131 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216					SOUTH			DO NOT WE	RITE IN THIS	SPACE	
								Date Incorporated or Qualife 07/01/1978	d 		,
2. Principal Pla	ace of Business	2a.	Mailing Address					FEI Number		Ar	plied For
21		26						<u>59-1826610</u>	<u>.</u>		ot Applicable
Suite, Apt. a	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired
City & State	•	28	City & State		•		6.	Election Campaign Financing Trust Fund Contribution	· 🗆		May Be to Fees
Zip	Country			Cour	ntry		8	This corporation owes the cu	rrent year Int	angible	
24	25	29	•	30		•	"	Personal Property Tax.	•	☑ Yes	□No
	9. Name and Address of Currer		ered Agent	<u></u>			10.	Name and Address of New	Registered	Agent	
	R, HARVEY B., M.D.	ITU			81	Name Street Ac	ddress (P	O. Box Number is Not Accep	otable)		
4131 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216					_						
JACK	SUNVILLE PL 322 ID				83						
				Ì	84	City			FL	• `	Code
office or re	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida	a. Such change was a	autnonzea	DV	tne corpor	orporation ation's bo	n submits this statement for the pard of directors. I hereby acc	e purpose of ept the appoi	changing its intment as re	s registered egistered
SIGNATURE		at and title if	applicable (MOTE	- Registered	Agen	t signature req	uired when r	einstating)	DATE		<u>-</u>
Signature, typed or printed name of registered egent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRECT(DRS IN 12
TITLE	PD		☐ DELETE	1.1 TIT	LΕ					☐ Change	Addition
NAME	SHER, HARVEY B.,M.D.			1.2 NA	1.2 NAME						l
STREET ADDRESS	4131 UNIVERSITY BLVD.SO.			1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CIT	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE			2.1 TIT	2.1 TITLE					Change	☐ Addition
NAME				2.2 NA	ME						ì
STREET ADDRESS				2.3 ST	REET	ADDRESS					
CITY-ST-ZIP				2.4 CI	2.4 CITY-ST-ZIP						
TITLE			☐ DELETE	3.1 TIT	1.E					☐ Change	☐ Addition
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					İ
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP					

14. 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 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, with all other like empowered.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

□ DELETE

☐ DELETE

DELETE

☐ Change

Change

☐ Change

Addition

☐ Addition

Addition