


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 021 ***150.00

DOCUMENT # 671811	
1. Entity Name FIRST COAST ONCOLOGY, P.A.	

Principal Place of Business 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US	Mailing Address 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US
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40020056



2. Principal Place of Business - No P.O. Box # 2357 RIVERSIDE AVE	3. Mailing Address 2357 RIVERSIDE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32204	Country DUVAL
Zip 32204	Country DUVAL

4. FEI Number 59-2037695	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAFAYE BROCK AND ASSOC PA 1301 RIVERPLACE BLVD SUITE 2400 JACKSONVILLE, FL 32207	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ACKERMAN, SCOT N 2501 RIVERSIDE AVENUE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2357 RIVERSIDE AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PERKINS, RYAN S 2501 RIVERSIDE AVE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2357 RIVERSIDE AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP OSSI, PAUL B 2501 RIVERSIDE AVE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2357 RIVERSIDE AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **2-15-07** **904-387-9625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #