

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G05381 (0)**
1. Corporation Name
EMERALD COAST ONCOLOGY CENTER, P.A.



Principal Place of Business: **2100 STATE AVE PANAMA CITY FL 32405 US**
Mailing Address: **PO BOX 149 PANAMA CITY FL 32402 US**

3. Date Incorporated or Qualified: **10/21/1982**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-2218103**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, State: Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, State: Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

g. Name and Address of Current Registered Agent
**SWEETSER, MATTHEW G
2100 STATE AVE
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SWEETSER, MATTHEW G	2. NAME	
3. STREET ADDRESS	2100 STATE AVE	3. STREET ADDRESS	
4. CITY, ST, ZIP	PANAMA CITY FL	4. CITY, ST, ZIP	
5. TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SWEETSER, CHRISTINE	6. NAME	
7. STREET ADDRESS	2100 STATE AVE.	7. STREET ADDRESS	
8. CITY, ST, ZIP	PANAMA CITY FL	8. CITY, ST, ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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. 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 or names in Block 12 or Block 13 if changed, or on an attached form will be an address.

SIGNATURE: *Matthew G. Sweetser* 1/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)