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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H68376 (3)

1. Corporation Name  
FLORIDA CANCER CENTER-WELLS COMPLEX, P.A., B. T.  
PARYANI, M.D., SHYAM PARYANI, M.D., WALTER P. S

Principal Place of Business

3599 UNIVERSITY BLVD 50#1500  
PO BOX 19675  
JACKSONVILLE FL 32245

Mailing Address

3599 UNIVERSITY BLVD 50#1500  
PO BOX 19675  
JACKSONVILLE FL 32245-9675

3. Date Incorporated or Qualified  
07/26/1985

3a. Date of Last Report  
04/30/1996

4. FEI Number

59-2561326

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PAUL, HERMAN S.  
2468 ATLANTIC BLVD  
JACKSONVILLE FL 32207

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to act as registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PARYANI, SHYAM M.D.  
STREET ADDRESS 6221 SAMUEL WELLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME SCOTT, WALTER P. M.D.  
STREET ADDRESS 6221 SAMUEL WELLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME WELLS, JOHN W. JR. M.D.  
STREET ADDRESS 6221 SAMUEL WELLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME JOHNSON, DOUGLAS  
STREET ADDRESS 6221 SAMUEL WELLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHYAM PARYANI 1/27/97 (904) 366-3338

CR2E034 (9/96)