

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000001178**

1. Entity Name

WOMEN'S CANCER CARE CENTER OF NORTH FLORIDA, INC**FILED****02 OCT -7 PM 2:03****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3625 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216****3625 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

3901 University Blvd. S**3901 University Blvd. S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 237**Suite 237**

City & State

City & State

Jacksonville, FL**Jacksonville, FL**

Zip

Zip

32216**32216**

Country

Country

USA**USA**

4. FEI Number

59-3706349

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAWKINBERRY, SHAY
3625 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

408 S. 15th St.

City

Jacksonville Beach**FL**

Zip Code

32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/02**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HAWKINBERRY, SHAY | |
| STREET ADDRESS | 3625 UNIVERSITY BLVD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCELROY, MARY | |
| STREET ADDRESS | 3625 UNIVERSITY BLVD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | | |
|----------------|--------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MOLINARO, FRANK | |
| STREET ADDRESS | 3625 UNIVERSITY BLVD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | VANPELT, RODNEY | |
| STREET ADDRESS | 3625 UNIVERSITY BLVD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAY HAWKINBERRY | |
| STREET ADDRESS | 408 S. 15th Street | |
| CITY-ST-ZIP | JACKSONVILLE Beach, FL. 32250 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)