

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000057381

FILED
Jul 06, 2003
Secretary of State

Entity Name: NORTH FLORIDA CANCER CENTER, P.A.

Current Principal Place of Business:

67 SOUTH DIXIE HWY
ST AUGUSTINE, FL 32084

New Principal Place of Business:

9 SAN BARTOLA DRIVE
ST AUGUSTINE, FL 32086

Current Mailing Address:

3790 COASTAL HWY.
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3650193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARMUTH, MARC A M.D.
3790 COASTAL HWY.
ST AUGUSTINE, FL 32084

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARMUTH, MARC A M.D.
Address: 3790 COASTAL HWY.
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARMUTH, MARC A M.D.
Address: 3790 COASTAL HWY.
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC A WARMUTH, MD

D

07/06/2003

Electronic Signature of Signing Officer or Director

_____ Date