

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057427 1. Entity Name FLAGLER ONCOLOGY CENTER, P.A.	
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Principal Place of Business 26 OFFICE PARK DRIVE SUITE C PALM COAST, FL 32137	Mailing Address 26 OFFICE PARK DRIVE SUITE C PALM COAST, FL 32137
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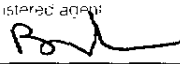
01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number 59-3722413	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MELTON, BECKI D 6920 CYPRESS LAKE COURT SAINT AUGUSTINE, FL 32086
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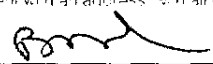
DO NOT WRITE IN THIS SPACE

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 	1/5/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MELTON, BECKI D 6920 CYPRESS LAKE COURT SAINT AUGUSTINE, FL 32086
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(3)(w), 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 687, 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 fully employed.	
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR