

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90027 015 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000057427 1. Entity Name FLAGLER ONCOLOGY CENTER, P.A.					
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		
2. Principal Place of Business <i>601 Memorial Medical Pkwy</i> Suite, Apt. #, etc. <i>Suite 3804</i>		3. Mailing Address <i>PO Box 1939</i> Suite, Apt. #, etc.			
City & State <i>Palm Coast Florida</i>		City & State <i>Bunnell</i>		4. FEI Number 59-3722413	
Zip <i>32164</i>		Country <i>Flagler</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>32110-1939</i>		Country <i>Flagler</i>		6. Name and Address of Current Registered Agent MELTON, BECKI D 6920 CYPRESS LAKE COURT SAINT AUGUSTINE, FL 32086	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, BECKI D 6920 CYPRESS LAKE COURT SAINT AUGUSTINE, FL 32086		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/18/05</i> 386 586 7920 <small>Daytime Phone #</small>		