

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073518

FILED
Jan 11, 2006
Secretary of State

Entity Name: CANCER CARE OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

4520 W US HIGHWAY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PO BOX 1642
LAKE CITY, FL 320561642

New Mailing Address:

PO BOX 1642
LAKE CITY, FL 32056

FEI Number: 06-1641228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: KHAN, WASEEMULLAH
Address: 462 NW LAKE VALLEY TERR.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: KHAN, WASEEMULLAH
Address: 462 NW LAKE VALLEY TERR.
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WASEEM KHAN

DIRE

01/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date