

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073518

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

289 SW STONEGATE TERRACE  
103  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1642  
LAKE CITY, FL 320561642

**New Mailing Address:**

**FEI Number:** 06-1641228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX PLUS SOLUTIONS, INC.  
4158 WEST US HIGHWAY 90  
LAKE CITY, FL 32055 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: KHAN, WASEEMULLAH  
Address: P.O. BOX 1642  
City-St-Zip: LAKE CITY, FL 32056

I hereby 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 all other like empowered.

SIGNATURE: WASEEM KHAN

DIR

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date