2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P03000156972

Entity Name: NORTH FLORIDA CANCER INSTITUTE, PA

Current Principal Place of Business:

1021 NW 64TH TERR
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 143067
GAINESVILLE, FL 326143067 US

New Mailing Address:

FEI Number: 32-0102699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSIN, NEIL
500 NW 43RD STK STE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ROSIN, NEIL
4130 N.W. 37TH PLACE
SUITE D
GAINESVILLE, FL 32606 US

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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAYES, CHERYLLE A
Address: 4437 SW 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSIN NEIL REGI 03/30/2009
Electronic Signature of Signing Officer or Director — Date