

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156972

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**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:**

6420 NEWBERRY RD  
THE CANCER CENTER  
GAINESVILLE, FL 32607 US

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

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

HAYES, CHERYLLE A  
4437 S.W. 91ST DRIVE  
GAINESVILLE,, FL 32608 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: CHERYLLE A. HAYES

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHNEIDER, GARY B  
Address: 4437 SW 91ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

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: CHERYLLE A. HAYES

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date