

PAID 7730
Requester's Name: DANA BROOKS
Address: 301 Metropolitan Blvd.
City/State/Zip: Tall. FL 32308
Phone #: 386-7664

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. RA (Corporation Name) (Document #)

2. change (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 AUG 16 AM 10:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
00 AUG 16 AM 10:33
TALLAHASSEE, FLORIDA
DIVISION OF REVENUE

900003358869--1
-08/16/00--01005--013
*****35.00 *****35.00

Examiner's Initials

PAID

8/16/00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Suwannee Valley Cancer Center, P.A.

2. The mailing address of the corporation is: P.O. Box 3117
Lake City, Florida 32056-3117

3. Date of incorporation/qualification: 02/01/94 Document number: P94000007730

4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Eric C. Rost, M.D. - Southeast Regional Cancer Center Tallahassee, Inc.
2003 Centre Pointe Blvd.
Tallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

✓ 
(Signature of an officer, chairman or vice chairman of the board)

✓ 8/16/00
(Date)

Eric C. Rost, M.D.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

✓ 
(Signature of Registered Agent)

✓ 8/16/00
(Date)

If signing on behalf of an entity:

Eric C. Rost, M.D. President
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *