

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030989 (3)
 1. Corporation Name
SOUTHEAST REGIONAL CANCER CENTER TALLAHASSEE, INC.



Principal Place of Business 6821 SW 83RD AVENUE GAINESVILLE FL 32608	Mailing Address 6821 SW 83RD AVENUE GAINESVILLE FL 32608-6318
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3. Date Incorporated or Qualified 04/04/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2003 Care Drive	2a. Mailing Address 26 P.O. Box 12789
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Tallahassee, FL	28 City & State Tallahassee, FL
24 Zip 32308	25 Country USA
29 Zip 32317-2789	30 Country USA

4. FEI Number 59-3371216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ROST, ERIC C M.D.
6821 SW 83RD AVENUE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	ROST, ERIC C M.D.	
STREET ADDRESS	6821 SW 83RD AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/>
NAME	SCHILLING, PAUL J M.D.	
STREET ADDRESS	6821 SW 83RD AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	PO Box 12789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Tallahassee, FL 32317-2789		
1.3 STREET ADDRESS	PO Box 12789		
1.4 CITY-ST-ZIP	Tallahassee, FL 32317-2789		
2.1 TITLE	P.O. Box 12789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	N/A		
2.3 STREET ADDRESS	P.O. Box 12789		
2.4 CITY-ST-ZIP	Tallahassee, FL 32317-2789		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **4/7/97**

CR2E034 (9/96)