

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90035 030 ***150.00

DOCUMENT # P96000030989

1. Entity Name

SOUTHEAST REGIONAL CANCER CENTER TALLAHASSEE, IN

Principal Place of Business

Mailing Address

2003 CARE DR.
 TALLAHASSEE FL 32308
 US

P.O. BOX 12789
 TALLAHASSEE FL 32317-2789
 US

2. Principal Place of Business

2003 Centre Pointe Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3371216

Applied For

Not Applicable

Zip

Country

32308

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROST, ERIC C M.D.
6821 SW 93RD AVENUE
GAINESVILLE FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ROST, ERIC C M.D.
STREET ADDRESS	P.O. BOX 12789 N/A
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHILLING, PAUL J M.D.
STREET ADDRESS	P.O. BOX 12789 N/A
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
 Date

(850) 878-2233
 Daytime Phone #

CR2E034 (9/99)