

2001 UNIFORM BUSINESS REPORT (UBR)

9928864

DOCUMENT # P96000030989

1. Entity Name
SOUTHEAST REGIONAL CANCER CENTER TALLAHASSEE, IN

FILED

01 APR -4: PM 3:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2003 CENTRE POINTE BLVD.
 TALLAHASSEE FL 32308
 US**

Mailing Address
**P.O. BOX 12789
 TALLAHASSEE FL 32317-2789
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3371216** Applied For
 Not Applicable

Zip Country 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.
 2003 CENTRE POINTE BLVD.
 TALLAHASSEE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	ROST, ERIC C M.D. P.O. BOX 12789 N/A TALLAHASSEE FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	SCHILLING, PAUL J.M.D. P.O. BOX 12789 N/A TALLAHASSEE FL
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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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 reports 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: _____ Date **3-22-01** Daytime Phone # **855 878-2273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)