


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000030989**

1. Entity Name  
**SOUTHEAST REGIONAL CANCER CENTER  
 TALLAHASSEE, INC.**



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

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

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-P CR2E034 (10/03)

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

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROST, ERIC C M.D.  
 2003 CENTRE POINTE BLVD.  
 TALLAHASSEE, FL 32608**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROST, ERIC C M.D. 2003 CENTRE POINTE BLVD TALLAHASSEE, FL 32308
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 04/09/05-80037-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #