

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P96000030989</b>		
1. Entity Name <b>SOUTHEAST REGIONAL CANCER CENTER TALLAHASSEE, INC.</b>		
Principal Place of Business <b>2003 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308 US</b>		Mailing Address <b>P.O. BOX 12789 TALLAHASSEE, FL 32317-2789 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		03172005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-3371216</b>
6. Name and Address of Current Registered Agent <b>ROST, ERIC C M.D. 2003 CENTRE POINTE BLVD. TALLAHASSEE, FL 32608</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROST, ERIC C M.D. 2003 CENTRE POINTE BLVD TALLAHASSEE, FL 32308</b>	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		