

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90437 001 \*\*\*750.00

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**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



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
ROST, ERIC C M.D.  
2003 CENTRE POINTE BLVD.  
TALLAHASSEE FL 32608

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

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
D	ROST, ERIC C M.D.	P.O. BOX 12789 N/A	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **2/24/03** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)