2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600030989

1. Entity Name

SOUTHEAST REGIONAL CANCER CENTER TALLAHASSEE, IN



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

02-25-2003 90437 001 ***750.00

| C. | TO TIEGOTAL OFFICER | OLIVILII | · | L, " \ | | | | | | | |
|---|--|-----------------------|--|------------------|---|----------------------------|--|---|-------------|----------------------------|-----|
| Principal Place of Business 2003 CENTRE POINTE BLVD. TALLAHASSEE FL 32308 US | | P.O. E | Mailing Address P.O. BOX 12789 TALLAHASSEE FL 32317-2789 US | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | I IDGII DEI AIK IOIIA DIIAI DDIA DUAI | | (| TO I TO THE SECON | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. F | 4. FEI Number 59-3371216 | | | Applied For Not Applicable | |
| Zip | Country | | Zip Count | | ry | 5. Certificate of Status D | | \$8.75 Add Fee Require | | ditional | |
| | 6. Name and Address of Curre | | | 7. N | Name and Address of New Re | gistered Ag | jent | • | 1 | | |
| | | | | | Name - | • | | | | | |
| ROST, ERIC C M.D. 2003 CENTRE POINTE BLVD. | | | | Street Address (| treet Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TALLAHASSEE FL 32608 | | | | | | | | - | | |] |
| | | | | Ì | City | | | FL | Zip Cod | le | |
| | named entity submits this statemen ions of registered agent. | egistere | d office or register | red ag | ent, or both, in the State of Flori | da. I am fai | miliar with, | and accept | 1 | | |
| SIGNATURE . | Signature, typed or printed name of registered ag | ent and title if appl | licable. (NOTE: F | Registered | Agent signature required | i when re | einstating) | DATE | | | |
| | ILE NOW!!! FEE IS \$150.00 | | | | | | | | | | } |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of | | | State | | | | Election Campaign Final Trust Fund Contribution. | ncing | | 00 May Be d to Fees | |
| 10. | OFFICERS AN | ND DIRECTO | RS | 11. | | AD | L DITIONS/CHANGES TO OFFIC | ERS AND E | DIRECTOR | S IN 11 | 1 |
| TITLE | D | | Delete | TITLE | | | | 1 | Change | Addition | 6 |
| NAME STREET ADDRESS | ROST, ERIC C M.D. P.O. BOX 12789 N/A | | | NAME | T ADDRESS | | | | | | 1 5 |
| CITY-ST-ZIP | TALLAHASEE FL | | | • | ST-ZIP | | | | | | 1 6 |
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| STREET ADDRESS CITY-ST-ZIP | | | | CITY-: | T ADDRESS ST-ZIP | | | | | | |
| | eartify that the information cumplied w | vith this filing | door not qualify for th | | | otion 1 | 119 07/3)/i) Florida Statutos I 6 | orthor portifi | that the in | oformation | ί |

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 dustee 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
SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Daytime Phone #