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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078753 (6)

1. Corporation Name

FLORIDA CANCER CENTER-BEACHES, P.A.

Principal Place of Business

3599 UNIVERSITY BOULEVARD SOUTH #1500
JACKSONVILLE FL 32216

Mailing Address

3599 UNIVERSITY BOULEVARD SOUTH #1500
JACKSONVILLE FL 32216-7400

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 19732

27 City & State

28 JACKSONVILLE, FL

29 32245

30 Country

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

4. FEI Number

59-3407254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PARYANI, SHYAM B M.D.
3599 UNIVERSITY BOULEVARD SOUTH #1500
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PARYANI, SHYAM B M.D.
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME SCOTT, WALTER P M.D.
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME WELLS, JOHN W JR
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME JOHNSON, DOUGLAS W M.D.
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME KURUVILLA, ANAND M M.D.
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME SCHOEPEL, SONJA L M.D.
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1500
CITY-ST-ZIP JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. B. MORTHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/29/97 (906)346-3338

CR2E034 (9/96)