

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90037 029 \*\*\*150.00

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1. Corporation Name

FLORIDA CANCER CENTER-BEACHES, P.A.

Principal Place of Business

3599 UNIVERSITY BOULEVARD SOUTH #1500  
JACKSONVILLE FL 32216

Mailing Address

P.O. BOX 19732  
JACKSONVILLE FL 32265  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3607254

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 owes the current year Intangible  
Personal Property Tax.

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARYANI, SHYAM B M.D.	
STREET ADDRESS	3599 UNIVERSITY BOULEVARD SOUTH #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, WALTER P M.D.	
STREET ADDRESS	3599 UNIVERSITY BOULEVARD SOUTH #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, JOHN W JR	
STREET ADDRESS	3599 UNIVERSITY BOULEVARD SOUTH #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS W M.D.	
STREET ADDRESS	3599 UNIVERSITY BOULEVARD SOUTH #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURUVILLA, ANAND M M.D.	
STREET ADDRESS	3599 UNIVERSITY BOULEVARD SOUTH #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)