2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000074738

1. Entity Name

NORTH FLORIDA CANCER CARE, P.A.



FILED Jul 31, 2003 8:00 am Secretary of State 07-31-2003 90067 037 ***550.00

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S. Certification of Statistic Detailing Free Regulated	City & State	e		City	City & State				58-248530					
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	Zip	Country			Zip Cour		ry	5. Certificate of Statu		Status Desired				
GAMBLE, LARRY 518 CANDLEWICK DRIVE PANAMA CITY FL 32405 City FL Zip Code		6. Name	and Address	of Current Register	ed Agent			7	'. Name and A	ddress of New	Registere	Agent]
STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE							Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or footh, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or footh, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or footh, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state of Florida agent, or both and accept the state			RIVE			ŀ	Street Add	dress (P.O	. Box Number i	s Not Acceptat	ole)			1
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat						Ì					• • • • • • • • • • • • • • • • • • • •			1
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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:

Daytime Phone #