


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V17547</b>	
1. Entity Name SONJA L. SCHOEPPPEL, M.D., P.A.	

Principal Place of Business SOUTHSIDE CANCER CENTER 5742 BOOTH ROAD JACKSONVILLE, FL 32207	Mailing Address 833 SORRENTO ROAD JACKSONVILLE, FL 32207 US
---	---



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3109124	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOEPPPEL, SONJA L.  
833 SORRENTO ROAD  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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 Schaeppel SONJA L. SCHOEPPPEL M.D.P.A. 3/27/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000089236 03/30/04-80005-002 158.75
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOEPPPEL, SONJA L. 833 SORRENTO ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAVIGNE, MARK L. 833 SORRENTO ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Schaeppel SONJA L. SCHOEPPPEL M.D.P.A. 3/27/04 904 398-8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #