

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # V17547 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		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03282005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3109124				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOEPPPEL, SONJA L. 833 SORRENTO ROAD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Sonja L. Schoppel MDPA</u> DATE <u>4/4/05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOEPPPEL, SONJA L. 833 SORRENTO ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000288724 04/05/05-80021-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIGNE, MARK L. 833 SORRENTO ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Sonja L. Schoppel, MD</u> DATE <u>4/4/05</u> 904 636-6911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					