FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90413 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17547

1. Entity Name
SONJA L. SCHOEPPEL, M.D., P.A.

Principal Place of Business	Mailing Address
1235 SAN MARCO BLVD. JACKSONVILLE, FL 32207	3907 BARCELONA AVE JACKSONVILLE, FL 32207 US

2. Principal Place of Business	3. Mailing Address
Southside Cancer Center	
Suite, Apt. #, etc. 5742 Booth Road	Suite, Apt. #, etc. 833 Sorrento Road
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207 Country	Zip 32207 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3109124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOEPPEL, SONJA L. ~~3907 BARCELONA AVE~~ JACKSONVILLE, FL ~~32207~~ New addrs →	Name Sonja L. Schoeppel Street Address (P.O. Box Number Is Not Acceptable) 833 Sorrento Road City Jacksonville FL Zip Code 32207

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 [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ☐ Delete SCHOEPPEL, SONJA L. ~~3907 BARCELONA AVE~~ 833 Sorrento Road JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LAVIGNE, MARK L. ~~3907 BARCELONA AVE~~ 833 Sorrento Road JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/28/03 904 398-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #