FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V32999 (7) 1. Composition Name GULF COAST CANCER CARE, INC.					
riupid Plane 2100 STATE PANAMA CIT US	AVE	Ma⊴ng Address P. O. BOX 149 PANAMA CITY FL 33 US	2403	Date Incorporated or Qualified	3a. Date of Last Report
				04/28/1992	06/23/1995
- Phinespal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-3125339	Applied For Not Applicable
State, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Oty & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Ziti	Country 25	2φ: [29]	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curre		301	10. Name and Address of New F	<u> </u>
			81 Name		
1000 W	.D, ROYCE 11TH STREET \ CITY FL 32401		82 Street Add	dress (P.Ó. Box Number is Not Acceptat	ole)
			84 City		85 Zip Code
l. Pursuant to or registers familiar vall	othe provisions of Soctions 607.06 of agent, or both, in the State of Ho i, and accept the obligations of, Se	02 and 607.1508, Florida Stati orid1 Such change was author otion 607.0505, Florida Statuto	ites, the above named corporated by the comporation's hos	oration submits this statement for the purard of directors. I hereby accept the app	FI ! `
GNATURE .), and accept the obligations of, our	cuon 607 esus, Florida Statuti	ites, the above named corporated by the comporation's hos		rpose of changing its registered office contribution as registered agent. I am
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Like hereby contry that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certry that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under onth, 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 Black 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATUREAN) TYPED OF PRINTED NAMED SIGNING OFFICER OR DIRECTOR

2/1/96 (104) 785-6153

CR2E034 (12/95)