

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32999**

1. Corporation Name

GULF COAST CANCER CARE, INC.

Principal Place of Business

**2100 STATE AVE
PANAMA CITY FL 32405
US**

Mailing Address

**P. O. BOX 149
PANAMA CITY FL 32403
US**

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1992

4. FEI Number

59-3125339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCOFIELD, ROYCE
1000 W 11TH STREET
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOFIELD, ROYCE	
STREET ADDRESS	1000 W. 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEETSER, CHRISTINE B.	
STREET ADDRESS	2100 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Royce Scofield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99

(850) 271-2626

Date

Daytime Phone #

CR2E034 (5/99)



CARR • RIGGS & INGRAM, LLP

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS

A Limited Liability Partnership

July 13, 1999

WILLIAM H. CARR, C.P.A.
STEPHEN C. RIGGS, C.P.A.
PHYLLIS S. INGRAM, C.P.A.
BRUCE E. AVERETT, C.P.A.
TRACY T. CONERLY, C.P.A.
TIMOTHY D. FULMER, C.P.A.
HILTON C. GALLOWAY, C.P.A.
LISA R. GOOLSBY, C.P.A.
MARIE W. HARRISON, C.P.A.
D. TIMOTHY HERNDON, C.P.A.
J. MICHAEL MADDOX, C.P.A.
LILLIAN G. MARTIN, C.P.A.
RICHARD A. MCKINNEY, C.P.A.
BRUCE A. NUNNALLY, C.P.A.
MICHAEL A. SCOTT, C.P.A.
ASHLEY H. STAFFORD, C.P.A.
PAUL W. STOREY, C.P.A.
WILLIS A. TEEL, JR., C.P.A.
JAMES F. THIELEN, C.P.A.
JOYCE C. WARREN, C.P.A.

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

PANAMA CITY
1000 WEST 11TH STREET
P.O. BOX 149
PANAMA CITY
FLORIDA 32402
(850) 785-6153
Fax (850) 785-7188

Enclosed please find the Corporation Annual Report for Gulf Coast Cancer, Inc.
Please accept this report as being timely filed. We have no record of receiving the
first notice. Thank you for your consideration in this matter.

Very truly yours,

Lisa R. Goolsby, CPA

Lisa R. Goolsby, CPA

OFFICES IN:
DESTIN, FL
ENTERPRISE, AL
FORT WALTON BCH, FL
GENEVA, AL
HEADLAND, AL
MONTGOMERY, AL
NICEVILLE, FL
TALLAHASSEE, FL

Members

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

Alabama Society of
Certified Public Accountants

Division of CPA Firms

SEC Practice Section



AN INDEPENDENT MEMBER