

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90149 015 \*\*\*150.00

<b>DOCUMENT # V32999</b> 1. Entity Name <b>GULF COAST CANCER CARE, INC.</b>					
Principal Place of Business <b>2100 STATE AVE</b> <b>PANAMA CITY, FL 32405 US</b>			Mailing Address <b>830 FLORIDA AVENUE</b> <b>LYNN HAVEN, FL 32444 US</b>		
2. Principal Place of Business - No P.O. Box # <b>830 FLORIDA AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>LYNN HAVEN</b>		City & State		4. FEI Number <b>59-3125339</b>	
Zip <b>FI</b>		Country <b>BAY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32444</b>		Country		6. Name and Address of Current Registered Agent <b>SWEETSER, CHRISTINE B</b> <b>2100 STATE AVE</b> <b>PANAMA CITY, FL 32405</b>	
7. Name and Address of New Registered Agent Name <b>Christine B. Sweetser</b>		Street Address (P.O. Box Number is Not Acceptable) <b>830 FLORIDA AVE</b>			
City <b>LYNN HAVEN</b>		State <b>FL</b>		Zip Code <b>32444</b>	
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><i>CP Sweetser</i></u> DATE <u>4-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SWEETSER, CHRISTINE B.</b> <b>2100 STATE AVE</b> <b>PANAMA CITY, FL 32405</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SWEETSER, MATTHEW</b> <b>2100 STATE AVENUE</b> <b>PANAMA CITY, FL 32405</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Christine B Sweetser</b> <b>830 FLORIDA AVE</b> <b>LYNN HAVEN FL 32444</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Matthew G Sweetser</b> <b>830 FLORIDA AVE</b> <b>Lynn Haven FL 32444</b>				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>CP Sweetser</i></u> DATE <u>4-22-08</u> DAYTIME PHONE # <u>850-271-2626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					