

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86892

FILED
Jan 19, 2004
Secretary of State

Entity Name: FLORIDA HEMATOLOGY AND ONCOLOGY SPECIALISTS, P.A.

Current Principal Place of Business:

2501 N. ORANGE AVENUE
STE 201
ORLANDO, FL 32804 US

New Principal Place of Business:

2501 N. ORANGE AVE
STE 201
ORLANDO, FL 32804 US

Current Mailing Address:

2501 N. ORANGE AVENUE
SUITE 201
ORLANDO, FL 32804 US

New Mailing Address:

616 E. ALTAMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2193845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBINDER, ROY M MD
240 TRISMEN TERRACE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: AMBINDER, ROY M,
Address: 240 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL

Title: DVS () Delete
Name: GOUSSE, RALPH
Address: 2501 N ORANGE AVE STE 201
City-St-Zip: ORLANDO, FL 32804

Title: DV () Delete
Name: TUMMALA, RAMBABU
Address: 2501 N ORANGE AVE STE 201
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY M AMBINDER, MD

MD

01/19/2004

Electronic Signature of Signing Officer or Director

Date