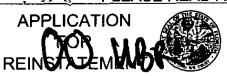
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



DOCUMENT# 1. Corporation Name

G86036

ONCOLOGY HEMATOLOGY CONSULTANTS, P.A.

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

00 NOV -9 PH 5:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address	
3131 SOUTH TAMIAMI TRAIL	3131 SOUTH TAMIAMI TRAIL	

3131 90UTH TAMIAMI TRAIL SARASOTA FL 34239			SARASOTA FL 34239				<u> </u>				
1											
If above a	addresses are	incorrect in any way, liпе	through incorrect	information a	and enter correction belo	w	• 				
				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/27/1984				
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number			Applied For	
City & State			City & State	: 4-, *			59-2368334 Not Ap				
Zip	<u></u>	Country	Zip	·····	Country		6. CERTIFICATI	E OF STATUS DESIRED \$	8.75 Addit for a Cert	ional Fee required ificate of Status	
7. Names	and Street Ad	ddresses of Each Officer a	nd/or Director (Fi	orida nonpro	fit corporations must list	at lea	ast 3 directors)				
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PSD	GOLDMAN, STEPHEN H. 3131 S			OUTH TAMIAMI TRAI	L		SARASOTA FL				
٧	BROWN, RICHARD H			3131 SOUTH TAMIAMI TRL				SARASOTA FL			
T CHU, LUIS				3131 S. TAMIAMI TR.			J.	SARASOTA FL 5000345 -12/01/00	:369 0108	952 7020	
			<u> </u>				<u>/</u> (}	****158.		**158.75	
							B				
8. Name and Address of Current Registered Agent							9. Name and	Address of New Registere	d Agent	,	
		المساوين والمساوي والمساوي		-	Name		~	-			
GOLDMAN, STEPHEN H. 3131 SOUTH TAMIAMI TRAIL				Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34239				Suite, Apt. #, Etc.							
		÷ ≅ _= •	<u></u>		City			Str.	ate Zip C	ođe	
10. I, bein	g appointed the	he registered agent of the	above named corp	poration, am	familiar with and accept	the o	bligations of Sect	tion 607.0505, F.S.			
Signature Registered	of I Agent	Stylet	Helde	CONT. WILLIAM		. <u>)</u> _		Date /0//3/	a		
			REGISTERED A	GENT MUST	SIGN					· · · · · · · · · · · · · · · · · · ·	
this rei	instatement ap	oplication, the reason for c	lissolution has bee he names of indiv	en eliminated iduals listed	, the corporate name sat on this form do not quali	tisfies ify for	the requirements an exemption un	apter 607 or 617, F.S. I furth s of section 607.0401 or 617 nder section 119.07(3)(i), F.S	7.0401, F.S	i., that all fees	
		Art 1	val		4						



G86036

Stephen H. Goldman, M.D. Board Certified in Medical Oncology

Richard H. Brown, M.D.

Board Certified in Oncology and Hematology

Luis Chu, M.D.Board Certified in Oncology and Hematology

Caryn Silver, M.D.

Board Eligible in Medical Oncology

Jameel Audeh, M.D.
Board Certifled in Medical Oncology

Rodrigo G. Garcia, M.D.
Board Certified in Oncology and Hematology

10/17/00

Susan A. Samies, P.A.-C. Physician Assistant

Shawn G. Dorociak, A.R.N.P. Nurse Practitioner

Linda L. Holmes, A.R.N.P. Nurse Practitioner

Lori A. Lucas, A.R.N.P. Nurse Practitioner

To Whom it May Concom:

This letter is written simply to inform you that our failure to file the Annual Report was totally unintentional. In fact, we never received the first or second notification. It has been my responsibility to pay all accounts for this office since my responsibility to pay all accounts for this office since my responsibility to pay all accounts for this office since my responsibility to pay all accounts for this office since my responsibility yet I somehow overlooked the fact that the Annual Report form never come to my attention. My apologies.

Sincerely, Marilyn D. Johnson Marilyn D. Goldman