2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
04-21-2003 91072 023 ***158.75

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DOCUMENT # G86036

1. Entity Name
ONCOLOGY HEMATOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
3131 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	3131 SOUTH TAMIAMI TRAIL SARASOTA FL 34239

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
ONCOLOGY HEMATOLOGY CONSULTANTS	
Suite, Apt. #, etc. 1970 GOLF STREET	Suite, Apt. #, etc.
City & State SARASOTA, FLORIDA 34236	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2368334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, RICHARD H 3131 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 ONCOLOGY HEMATOLOGY CONSULTANTS 1970 GOLF STREET SARASOTA, FLORIDA 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD / Secretary BROWN, RICHARD H ~~3131 SOUTH TAMIAMI TRAIL~~ 1970 GOLF ST. SARASOTA FL ~~34239~~ 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President CHU, LUIS ~~3131 SOUTH TAMIAMI TRL~~ 1970 GOLF ST SARASOTA FL ~~34239~~ 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Auden, Jameel 1970 GOLF ST. Sarasota, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Silver, Caryn 1970 GOLF St. Sarasota, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Garcia, Rodrigo 1970 GOLF St. Sarasota, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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: SIGNATURE REQUIRED 4/15/03 941-388-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #