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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR

Mar 07, 2001 8:00 am Secretary of State DOCUMENT # P00000091243 HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC. 02-06-2001 90316 032 ***150.00 Principal Place of Business Mailing Address 4685 SOUTH CONGRESS AVE: SUITE 200 4685 SOUTH CONGRESS AVE, SUITE 200 LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TANNENBAUM, MICHAEL 2161 PALM BEACH LAKES BLVD, SUITE 304 **WEST PALM BEACH FL 33409** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Possenstock Delete IIILE ☐ Change NAME MAME ong Ress Ave . Site. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Surendra Sieval Change NAME NAME 4685. S. CONGRESS AVE. 5te. 200 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition William NAME NAME CONGRES AVE STE, 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition ☐ Delete TITLE Change Hemando NAME NAME loughess Ave Ste. 200 4685 S.C STREET ADDRESS STREET ADDRESS LATE WORTH, FT CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIM F Спалде Addition Eduardo Garcio NAME NAME 4685 S. CONGROSS AVE. Str. 200 STREET ADDRESS STREET ADDRESS lake woeth CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Change Mairi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered. SIGNATURE:

attachment Dott Dawyzys

Surendra Sirpal

President

Roger Rosenstock

Vice-President

William Sternheim

Sect/Treasurer

Armando Armas

Jr. VP

Eduardo Garcia

Jr. VP

Eyal Meiri

Jr. VP

Arunchalam Thenappan Jr. VP