

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90005 045 ***150.00

0392110 AV

DOCUMENT # P00000091243

1. Entity Name
HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-1044743 Not Applicable

Zip Country Zip Country 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

SIRPAL, SURENDRA
4685 S CONGRESS AVE
STE 200
LAKE WORTH FL 33461

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENSTOCK, ROGER 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARUNACHALAM THEAPPAN Change <input checked="" type="checkbox"/> Addition 4685 S. Congress Ave. Ste. 200 LAKE WORTH, FL 33461 JRVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIPAL, SURENDRA 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STERNHEIM, WILLIAM 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP ARMAS, ARMANDO 4685 S CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP GARCIA, EDUARDO 4685 S.CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP MEIRI, EYAL 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/31/02** **(561) 965-1864**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)