


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000091243**

1. Entity Name  
**HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.**



Principal Place of Business      Mailing Address

**4685 SOUTH CONGRESS AVE, SUITE 200  
LAKE WORTH, FL 33461**      **4685 SOUTH CONGRESS AVE, SUITE 200  
LAKE WORTH, FL 33461**

**DO NOT WRITE IN THIS SPACE**



03242006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1044743**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIRPAL, SURENDRA
STREET ADDRESS	4685 S. CONGRESS AVE STE 200
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	ST
NAME	STERNHEIM, WILLIAM
STREET ADDRESS	4685 S. CONGRESS AVE STE 200
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	JRVP
NAME	ARUNACHALAN, THENAPPAN
STREET ADDRESS	4685 S CONGRESS AVE STE 200
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	JRVP
NAME	GARCIA, EDUARDO
STREET ADDRESS	4685 S. CONGRESS AVE STE 200
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80006-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 637, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SURENDRA SIRPAL**

*4.4.06*    *561-965-1864*  
Date      Daytime Phone