


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000091243	
1. Entity Name HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.	

Principal Place of Business 4685 SOUTH CONGRESS AVE, SUITE 200 LAKE WORTH, FL 33461	Mailing Address 4685 SOUTH CONGRESS AVE, SUITE 200 LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1044743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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

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 02/07/08-80060-013 150.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____