

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091243

FILED
Apr 23, 2009
Secretary of State

Entity Name: HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1044743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIRPAL, SURENDRA
Address: 4685 S. CONGRESS AVE STE 200
City-St-Zip: LAKE WORTH, FL 33461

Title: ST () Delete
Name: STERNHEIM, WILLIAM
Address: 4685 S. CONGRESS AVE STE 200
City-St-Zip: LAKE WORTH, FL 33461

Title: JRVP () Delete
Name: ARUNACHALAN, THENAPPAN
Address: 4685 S CONGRESS AVE STE 200
City-St-Zip: LAKE WORTH, FL 33461

Title: JRVP () Delete
Name: GARCIA, EDUARDO
Address: 4685 S. CONGRESS AVE STE 200
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SURENDRA SIRPAL

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date