

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90149 012 ***150.00

447-1000
AV

DOCUMENT # P00000091243

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1044743**

Applied For
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. 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 reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. 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	P SIRPAL, SURENDRA 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461	<input type="checkbox"/> Delete
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	JRVP ARMAS, ARMANDO 4685 S CONGRESS AVE STE 200 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
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	JRVP MEIRI, EYAL 4685 S. CONGRESS AVE STE 200 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arumachalam Thangappan 4685 S. Congress Ave. Ste. 200 LAKE WORTH, FL 33461 JR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paola Paola 4685 S. Congress Ave. Ste. 200 LAKE WORTH, FL 33461 JR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)