## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000114239



## **FILED** Feb 24, 2003 8:00 am Secretary of State

HEMAT	OLOGY & ONCOLOGY AS	SOCIAT	TES OF MIAMI	PA			02-24-2003 90196	030 *	**15	3.00	
Principal Pl 351 NW 42 MIAMI FL 3	ace of Business AVE STE 409 3126	35	iling Address 1 NW 42 AVE STE 40 AMI FL 33126	)9							
2. Principa	I Place of Business	3 M	failing Address		<u> </u>						
							r vanarrame ire märfat frætt finlige målft datilt (	881 11 <b>8</b> 11	11018 H	inn intin thin thet	
Suite, Ap		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 65-1158677 Appli					
Zip	Country	Zi	•	Cour	ntry	5.	Certificate of Status Desired		<b>75</b> A	Not Applicable dditional	
<del></del>	6. Name and Address of Currer			<u> </u>		7.	Name and Address of New Registers		Requi	red	
DE LA R	OSA COSTA, PEDRO U	· ·			.Name						
351 NW 42 AVE STE 409					Street Addres	s (P.O. I	Box Number is Not Acceptable)				
MIAMI FL					<u> </u>						
					ļ ————						
8 The above	n normad autitura la				City		F	L	Zip Co	de	
the obliga	e named entity submits this statement the tions of registered agent.	for the pur	pose of changing its	registere	ed office or regis	tered ac	gent, or both, in the State of Florida. I a	n famili	ar with	and accept	
: SIGNATURE										, ,,,	
SIGNAIGHE	Signature, typed or printed name of registered agen	et and title if ap	plicable. (NOTE	Registered	l Agent signature requi	rad whon a	Colombatica				
F	FILE NOW!!! FEE IS \$150.00				- gork organization requir	witer it	DATE DATE				
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State					Election Campaign Financing     Trust Fund Contribution.		<b>\$5.0</b> Adde	<b>00</b> May Be d to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11,		AD	L DDITIONS/CHANGES TO OFFICERS AN	וח חופנ	CTOD	10 IN 44	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELA ROSA COSTA, PEDRO U 351 NW 42 AVE STE 409 MIAMI FL 33126		☐ Delete		T ADDRESS	_	TO STRUCTO A		hange	Addition	
TITLE			□ Delete		ST-ZIP						
VAME Street Address City-St-Zip			□ Derete	NAME STREET	r address			□ C	hange	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	er i grande en en en e		ں جے چ Delete	NAME	ADDRESS T-ZIP		er en	CI	nange	Addition	
ITLE AME TREET ADDRESS		•	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS	<u></u>		☐ Ch	ange	Addition	
TLE AME TREET ADDRESS TY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS			☐ Cha	ange	☐ Addition	
TLE  ME  REET ADDRESS  TY-ST-ZIP			☐ Delete	TITLE NAME STREET A				☐ Cha	inge	Addition	

quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: