

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008807

FILED
Jan 04, 2008
Secretary of State

Entity Name: ONCOLOGY & HEMATOLOGY CONSULTANTS OF PALM BEACHES P.A.

Current Principal Place of Business:

12496 EQUINE LANE
WELLINGTON, FL 33414

New Principal Place of Business:

3385 BURNS ROAD
SUITE# 203
PALMBEACH GARDENS, FL 33410

Current Mailing Address:

12496 EQUINE LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-8278570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VATTINGUNTA, SUMITHRA
12496 EQUINE LANE
WELLINGTON, FL 33414 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: VATTINGUNTA, SUMITHRA
Address: 12496 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VATTIGUNTA, SUMITHRA
Address: 12496 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

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: SUMITHRA VATTIGUNTA

MD

01/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date