

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000019925 (4)

1. Corporation Name  
FLORIDA ONCOLOGY NETWORK, P.A.



Principal Place of Business  
2281 LEE ROAD  
STE. 204  
WINTER PARK FL 32789

Mailing Address  
2281 LEE ROAD  
STE. 204  
WINTER PARK FL 32789-7208

3. Date Incorporated or Qualified  
03/11/1994

3a. Date of Last Report  
04/25/1996

4. FEI Number  
59-3238647

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
SOLLACCIO, ROBERT J MD  
2281 LEE ROAD  
STE. 204  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 01/22/97  
Signature, type-I or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SOLLACCIO, ROBERT J MD	
STREET ADDRESS	2281 LEE RD., STE. 204	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KORCHAK, RONALD J MD	
STREET ADDRESS	2281 LEE RD., STE. 204	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PIRKOWSKI, MICHAEL MD	
STREET ADDRESS	2281 LEE RD., STE. 204	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PURDON, ROBERT L MD	
STREET ADDRESS	2281 LEE RD., STE. 204	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEPELMANN, BURKHARD MD	
STREET ADDRESS	2281 LEE RD., STE. 204	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 01/22/97 407-899-1935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)