

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

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000019925 (4)**  
1. Corporation Name  
**FLORIDA ONCOLOGY NETWORK, P.A.**



Principal Place of Business <b>2281 LEE ROAD STE. 204 WINTER PARK FL 32789</b>	Mailing Address <b>2281 LEE ROAD STE. 204 WINTER PARK FL 32789</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>114 Park Lake St.</b>	2a. Mailing Address 26 <b>P.O. Box 344</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Orlando FL</b>	City & State 28 <b>Orlando FL</b>
Zip 24 <b>32803</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>32802</b>

3. Date Incorporated or Qualified <b>03/11/1994</b>	
4. FEI Number <b>59-3236647</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOLLACCIO, ROBERT J MD 2281 LEE ROAD STE. 204 WINTER PARK FL 32789</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>114 Park Lake Street</b> 83 84 City <b>Orlando</b>
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85 Zip Code <b>32803</b>
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11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE **1-27-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLLACCIO, ROBERT J MD</b>		1.2 NAME	
STREET ADDRESS <b>2281 LEE RD., STE. 204</b>		1.3 STREET ADDRESS	<b>114 Park Lake Street</b>
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		1.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KORCHAK, RONALD J MD</b>		2.2 NAME	<b>Korchak, Ronald J MD</b>
STREET ADDRESS <b>2281 LEE RD., STE. 204</b>		2.3 STREET ADDRESS	<b>114 Park Lake St.</b>
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		2.4 CITY-ST-ZIP	<b>Orlando FL 32803</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIRKOWSKI, MICHAEL MD</b>		3.2 NAME	
STREET ADDRESS <b>2281 LEE RD., STE. 204</b>		3.3 STREET ADDRESS	<b>114 Park Lake Street</b>
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		3.4 CITY-ST-ZIP	<b>Orlando FL 32803</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PURDON, ROBERT L MD</b>		4.2 NAME	
STREET ADDRESS <b>2281 LEE RD., STE. 204</b>		4.3 STREET ADDRESS	<b>114 Park Lake Street</b>
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		4.4 CITY-ST-ZIP	<b>Orlando FL 32803</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEPPELMANN, BURKHARD MD</b>		5.2 NAME	
STREET ADDRESS <b>2281 LEE RD., STE. 204</b>		5.3 STREET ADDRESS	<b>114 Park Lake Street</b>
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		5.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SOMBECK, MICHAEL MD</b>		6.2 NAME	<b>Sombeck, Michael MD</b>
STREET ADDRESS <b>114 Park Lake Street</b>		6.3 STREET ADDRESS	<b>114 Park Lake Street</b>
CITY-ST-ZIP <b>Orlando, FL 32803</b>		6.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>

14. 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 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 \_\_\_\_\_ **Robert J. Sollaccio** 1/11/98 (407) 872-7791

CR2E034 (10/97)