

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

FILED
Feb 02, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-02-1999 90008 002 ****150.00

DOCUMENT # **P94000019925**

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



Principal Place of Business
**114 PARK LAKE ST
 ORLANDO FL 32803
 US**

Mailing Address
**P.O. BOX 344
 ORLANDO FL 32802
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3236647	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOLLACCIO, ROBERT J MD 114 PARK LAKE STREET ORLANDO FL 32803				81	Name		
				82		Street Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL	85

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 signature required when reinstating); DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLACCIO, ROBERT J MD	1.2 NAME	
STREET ADDRESS	114 PARK LAKE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROCHAK, RONALD J MD	2.2 NAME	
STREET ADDRESS	114 PARK LAKE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRKOWSKI, MICHAEL MD	3.2 NAME	
STREET ADDRESS	114 PARK LAKE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDON, ROBERT L MD	4.2 NAME	
STREET ADDRESS	114 PARK LAKE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEPPELMANN, BURKHARD MD	5.2 NAME	
STREET ADDRESS	114 PARK LAKE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMBECK, MICHAEL M	6.2 NAME	
STREET ADDRESS	114 PARK LAKE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/23/99** Daytime Phone # _____

CR2E034 (1/98)