

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90117 025 \*\*\*150.00

**DOCUMENT # P94000019925**

1. Entity 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 32802-0344  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3236647**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SOLLACCIO, ROBERT J MD  
 114 PARK LAKE STREET  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SOLLACCIO, ROBERT J MD</b>	
STREET ADDRESS	<b>114 PARK LAKE ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KROCHAK, RONALD J MD</b>	
STREET ADDRESS	<b>114 PARK LAKE ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PIRKOWSKI, MICHAEL MD</b>	
STREET ADDRESS	<b>114 PARK LAKE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PURDON, ROBERT L MD</b>	
STREET ADDRESS	<b>114 PARK LAKE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WEPELMANN, BURKHARD MD</b>	
STREET ADDRESS	<b>114 PARK LAKE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SOMBECK, MICHAEL M</b>	
STREET ADDRESS	<b>114 PARK LAKE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Graham, Gary R.</b>	
STREET ADDRESS	<b>114 Park Lake Street</b>	
CITY-ST-ZIP	<b>Orlando FL 32803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Sombeck 1/26/00 (407) 872-7756  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #