

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019925

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: FLORIDA ONCOLOGY NETWORK, P.A.

## Current Principal Place of Business:

114 PARK LAKE ST  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

114 PARK LAKE STR  
ORLANDO, FL 32803 US

## New Mailing Address:

FEI Number: 59-3236647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLLACCIO, ROBERT J MD  
114 PARK LAKE STREET  
ORLANDO, FL 32803 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: SOLLACCIO, ROBERT J MD  
Address: 114 PARK LAKE ST  
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete  
Name: KROCHAK, RONALD J MD  
Address: 114 PARK LAKE ST  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: PIKOWSKI, MICHAEL MD  
Address: 114 PARK LAKE STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: PURDON, ROBERT L MD  
Address: 114 PARK LAKE STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: WEPPELMANN, BURKHARD MD  
Address: 114 PARK LAKE STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: SOMBECK, MICHAEL M  
Address: 114 PARK LAKE STREET  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. SOLLACCIO, MD

P

02/12/2007

Electronic Signature of Signing Officer or Director

Date