

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019925

FILED
Apr 16, 2012
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:

2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804 US

Current Mailing Address:

114 PARK LAKE STR
ORLANDO, FL 32803 US

New Mailing Address:

PO BOX 1031
ORLANDO, FL 32802-103 US

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:

SOLLACCIO, ROBERT J MD
2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804 US

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:

04/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOLLACCIO, ROBERT J MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

Title: VP/S
Name: KROCHAK, RONALD J MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

Title: VP
Name: GRAHAM, GARY R MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

Title: VP
Name: DIAMOND, DAVID A MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

Title: VP
Name: PURDON, ROBERT L MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

Title: VP
Name: SOMBECK, MICHAEL D MD
Address: 2501 N ORANGE AVENUE, SUITE 181
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J SOLLACIO, MD

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date