

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087105 (0)**

1. Corporation Name

FLORIDA ONCOLOGY MANAGEMENT SERVICES, INC.

Principal Place of Business

100 EAST HAZZARD ST.
EUSTIS FL 32726

Mailing Address

100 EAST HAZZARD ST.
EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 2281 LEE ROAD

2a. Mailing Address

26 P.O. Box 344

4. FEI Number

59-3298506

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 204

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 WINTER PARK, FL

City & State

28 ORLANDO, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 32789

County

25

Zip

29 32802

County

30

9. This corporation has liability for intangible tax under S. 100.002, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PURDON, ROBERT L
100 EAST HAZZARD ST.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature (Printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PURDON, ROBERT L
STREET ADDRESS	100 EAST HAZZARD ST.
CITY - ST - ZIP	EUSTIS FL 32726
TITLE	D
NAME	PIRKOWSKI, MICHAEL
STREET ADDRESS	635 FOREST LANE
CITY - ST - ZIP	DELAND FL 32724
TITLE	D
NAME	WEPPELMANN, BURKHARD
STREET ADDRESS	9075 POINT CYPRESS DR.
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D
NAME	KROCHAK, RONALD
STREET ADDRESS	2290 MAIN SAIL COVE
CITY - ST - ZIP	KISSIMEE FL 34748
TITLE	D
NAME	SOLLACCIO, ROBERT J
STREET ADDRESS	870 GEORGIA AVE.
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PURDON, Robert L
1.3 STREET ADDRESS	100 EAST HAZZARD ST
1.4 CITY - ST - ZIP	EUSTIS, FL 32726
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIRKOWSKI, MICHAEL
2.3 STREET ADDRESS	635 FOREST LANE
2.4 CITY - ST - ZIP	DELAND, FL 32724
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEPPELMANN, BURKHARD
3.3 STREET ADDRESS	9075 POINT CYPRESS DR
3.4 CITY - ST - ZIP	ORLANDO SPRINGS, FL 32701
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KROCHAK, RONALD
4.3 STREET ADDRESS	873 STEINHAUS ST
4.4 CITY - ST - ZIP	ORLANDO BEACH, FL 32174
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SOLLACCIO, Robert J
5.3 STREET ADDRESS	870 GEORGIA ST
5.4 CITY - ST - ZIP	ORLANDO, FL 32803
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Signature and typed name of signing officer or director

4/26/95

904-589-0991