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FILED

**Jan 30 1997 8:00am
Secretary of State**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000087105 (0)

1. Corporation Name
FLORIDA ONCOLOGY MANAGEMENT SERVICES, INC.



Principal Place of Business
**2261 LEE ROAD
STE 204
WINTER PARK FL 32789
US**

Mailing Address
**PO BOX 344
ORLANDO FL 32802-0344
US**

3. Date Incorporated or Qualified **12/01/1994** 3a. Date of Last Report **04/25/1996**
4. FEI Number **59-3298506** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. # etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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]* (NOTE: Registered Agent signature required when reinstating) **01/22/97**
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PURDON, ROBERT L	
STREET ADDRESS	100 EAST HAZZARD ST.	
CITY - ST - ZIP	EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIRKOWSKI, MICHAEL	
STREET ADDRESS	680 PEACHWOOD DR	
CITY - ST - ZIP	DELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEPPELMANN, BURKHARD	
STREET ADDRESS	601 E. ALTAMONTE DR.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROCHAK, RONALD	
STREET ADDRESS	873 STERTHAUS STREET	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOLLACCIO, ROBERT J	
STREET ADDRESS	601 E. ROLLINS ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **01/22/97** **352-589-0991**
DATE Daytime Phone #

CR2E034 (9/96)