

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087105

1. Corporation Name
FLORIDA ONCOLOGY MANAGEMENT SERVICES, INC.

Principal Place of Business 2281 LEE ROAD STE 204 WINTER PARK FL 32789 US	Mailing Address PO BOX 344 ORLANDO FL 32802 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 114 Park Lake Street Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32803 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 12/01/1994	4. FEI Number 59-3298506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDON, ROBERT L	1.2 NAME	
STREET ADDRESS	100 EAST HAZZARD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRKOWSKI, MICHAEL	2.2 NAME	
STREET ADDRESS	680 PEACHWOOD DR	2.3 STREET ADDRESS	2501 N. Orange Ave., Ste. 181
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	Orlando FL 32803
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEPPELMANN, BURKHARD	3.2 NAME	
STREET ADDRESS	601 E. ALTAMONTE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROCHAK, RONALD	4.2 NAME	
STREET ADDRESS	873 STERTHAUS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLACCIO, ROBERT J	5.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST.	5.3 STREET ADDRESS	2501 N. Orange Ave, Ste. 181
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando FL 32803
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sombbeck, Michael	6.2 NAME	Sombbeck, Michael
STREET ADDRESS	2501 N. Orange Ave, Ste. 181	6.3 STREET ADDRESS	2501 N. Orange Ave, Ste. 181
CITY-ST-ZIP	Orlando FL 32803	6.4 CITY-ST-ZIP	Orlando FL 32803

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/13/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)