2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P96000005938

Entity Name: CHILDREN'S HEMATOLOGY & ONCOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

5325 GREENWOOD AVENUE
SUITE 306
W. PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5325 GREENWOOD AVENUE
SUITE 306
W. PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0643075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOWDA, NARAYANA M.D.
5325 GREENWOOD AVE.
SUITE 306
WEST PALM BEACH, FL 33407 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: PD ( ) Delete
Name: GOWDA, NARAYANA
Address: 5325 GREENWOOD AVE., STE 306
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: NARAYANA GOWDA PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date