

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000091243

**Entity Name:** HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC7161703789**

**Current Principal Place of Business:**

3450 LANTANA ROAD  
STE 100  
LAKE WORTH, FL 33462

**Current Mailing Address:**

3450 LANTANA ROAD  
STE 100  
LAKE WORTH, FL 33462

**FEI Number: 65-1044743**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STERNHEIM, WILLIAM L  
3450 LANTANA ROAD  
STE 100  
LAKE WORTH, FL 33462 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name STERNHEIM, WILLIAM  
Address 3450 LANTANA ROAD, STE100  
City-State-Zip: LAKE WORTH FL 33462

Title VP  
Name ARUNACHALAN, THENAPPAN  
Address 3450 LANTANA ROAD, STE100  
City-State-Zip: LAKE WORTH FL 33462

Title SEC  
Name GARCIA, EDUARDO  
Address 3450 LANTANA ROAD, STE 100  
City-State-Zip: LAKE WORTH FL 33462

Title JRVP  
Name CALDERA, HUMBERTO  
Address 3450 LANTANA ROAD, STE 100  
City-State-Zip: LAKE WORTH FL 33462

Title JRVP  
Name ARANED, MIGUEL  
Address 3450 LANTANA ROAD, STE 100  
City-State-Zip: LAKE WORTH FL 33462

*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: WILLIAM STERNHEIM**

**P**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date