

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000019925

**FILED**  
**Sep 16, 2013**  
**Secretary of State**  
**CC0661770694**

**Entity Name:** FLORIDA ONCOLOGY NETWORK, P.A.

**Current Principal Place of Business:**

2501 N ORANGE AVENUE  
SUITE 181  
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 1031  
ORLANDO, FL 32802 US

**FEI Number:** 59-3236647

**Certificate of Status Desired:** Yes

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

SOLLACCIO, ROBERT JMD  
2501 N ORANGE AVENUE  
SUITE 181  
ORLANDO, FL 32804 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 SOLLACCIO, ROBERT JMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP/S  
Name KROCHAK, RONALD JMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name GRAHAM, GARY RMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name DIAMOND, DAVID AMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name PURDON, ROBERT LMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name SOMBECK, MICHAEL DMD  
Address 2501 N ORANGE AVENUE, SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name ALVAREZ-FARINETTI, ALVARO R MD  
Address 2501 N ORANGE AVENUE  
SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name SAUNDERS, ERIC L MD  
Address 2501 N ORANGE AVENUE  
SUITE 181  
City-State-Zip: ORLANDO FL 32804

**Continues on page 2**

*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:** ROBERT SOLLACCIO, MD

**PRESIDENT**

**09/16/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BRABHAM, JEFFREY G MD  
Address 2501 N ORANGE AVENUE  
SUITE 181  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name LAFAVE, KELLY E MD  
Address 2501 N ORANGE AVENUE  
SUITE 181  
City-State-Zip: ORLANDO FL 32804