

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019925

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

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 J SOLLACCIO, MD**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date