

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000019925

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

**Current Principal Place of Business:**

9100 KILGORE RD  
ORLANDO, FL 32836

**Current Mailing Address:**

PO BOX 690487  
ORLANDO, FL 32869 US

**FEI Number:** 59-3236647

**Certificate of Status Desired:** No

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

SOLLACCIO, ROBERT JMD  
9100 KILGORE RD  
ORLANDO, FL 32836 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:** ROBERT JAMES SOLLACCIO, M.D.

06/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SOLLACCIO, ROBERT JMD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

Title VP  
Name DIAMOND, DAVID A MD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

Title VP  
Name SOMBECK, MICHAEL D MD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

Title VP  
Name ALVAREZ-FARINETTI, ALVARO R MD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

Title VP  
Name SAUNDERS, ERIC L MD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

Title VP  
Name LAFAVE, KELLY E MD  
Address PO BOX 690487  
City-State-Zip: ORLANDO FL 32869

*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 JAMES SOLLACCIO, M.D.

PRESIDENT/CEO

06/22/2017

Electronic Signature of Signing Officer/Director Detail

Date