

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000087105

Entity Name: FLORIDA ONCOLOGY MANAGEMENT SERVICES, INC.

FILED
Sep 16, 2013
Secretary of State
CC6325833056

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: 59-3298506

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PURDON, ROBERT L
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 PURDON, ROBERT LMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VP
Name DIAMOND, DAVID AMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VP
Name SAUNDERS, ERIC LMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VS
Name KROCHAK, RONALD JMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title V
Name SOLLACCIO, ROBERT JMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title V
Name SOMBECK, MICHAEL DMD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VP
Name GRAHAM, GARY R MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VP
Name ALVAREZ-FARINETTI, ALVARO R MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

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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 PURDON, 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 PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title VP
Name LAFAVE, KELLY E MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802