

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000087105

**Entity Name:** FLORIDA ONCOLOGY MANAGEMENT SERVICES, INC.

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3956880213**

**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

*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 L PURDON, MD**

**PRESIDENT**

**04/29/2013**

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

\_\_\_\_\_  
Date