

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000087105

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

**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 PURDON

PRESIDENT

04/16/2014

\_\_\_\_\_  
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