

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90185 029 ***150.00

DOCUMENT # 505172

1. Entity Name

HEMATOLOGY & ONCOLOGY CONSULTANTS OF TAMPA BAY,

Principal Place of Business

**1414 SWANN AVE
 TAMPA FL 33606**

Mailing Address

**1414 SWANN AVE
 TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1674575**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANE, FRANK B
 1414 SWANN AVE
 TAMPA FL 33606**

Name
Lewis E. Auerbach, M. D.

Street Address (P.O. Box Number is Not Acceptable)
1318 Swann Avenue

City **Tampa** FL Zip Code **33606**

8. 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.

Lewis E. Auerbach, M. D.

1/12/01

SIGNATURE *Lewis E. Auerbach*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | LANE, FRANK B | | |
| | 1414 SWANN AVE | | |
| | TAMPA FL | | |
| D | AUERBACH, LEWIS | | |
| | 1414 SWANN AVE | | |
| | TAMPA FL | | |
| D | CHATOOR, HAFEEZ T | | |
| | 1414 SWANN AVE | | |
| | TAMPA FL 33606 | | |
| D | ROBBINS, MARK S | | |
| | 1414 SWANN AVE | | |
| | TAMPA FL 33606 | | |
| | | | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lewis E. Auerbach, M. D.**

1/12/01

(813)254-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)