


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 505172	
1. Entity Name HEMATOLOGY & ONCOLOGY CONSULTANTS OF TAMPA BAY, P.A.	

Principal Place of Business 2111 W. SWANN AVE SUITE 102 TAMPA, FL 33606 US	Mailing Address 2111 W. SWANN AVE SUITE 102 TAMPA, FL 33606 US
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DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1674575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, LEWIS E
 2111 W. SWANN AVE
 SUITE 102
 TAMPA, FL 33606

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

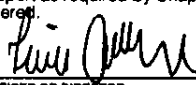
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000921669
 05/15/08-80017-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D AUERBACH, LEWIS E 2111 W. SWANN AVE STE 102 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CHATOOR, HAFEEZ T 2111 W. SWANN AVE STE 102 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBBINS, MARK S 2111 W. SWANN AVE STE 102 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS AUERBACH, M.D.  4/15/08 813 254 4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #