

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505172

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** HEMATOLOGY & ONCOLOGY CONSULTANTS OF TAMPA BAY, P.A.

**Current Principal Place of Business:**

2111 W. SWANN AVE  
SUITE 102  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

2111 W. SWANN AVE  
SUITE 102  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-1674575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: AUERBACH, LEWIS E  
Address: 2111 W. SWANN AVE STE 102  
City-St-Zip: TAMPA, FL 33606 US

Title: T/D  
Name: CHATOOR, HAFEEZ T  
Address: 2111 W. SWANN AVE STE 102  
City-St-Zip: TAMPA, FL 33606 US

Title: S/D  
Name: ROBBINS, MARK S  
Address: 2111 W. SWANN AVE STE 102  
City-St-Zip: TAMPA, FL 33606 US

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: LEWIS AUERBACH

MEMB

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date