


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90033 047 ***150.00

DOCUMENT # 649021 1. Entity Name HEMATOLOGY-ONCOLOGY ASSOCIATES, P.A.					
Principal Place of Business 1717 N. "E" STREET SUITE 231 PENSACOLA, FL 32501			Mailing Address 1717 N. "E" STREET SUITE 231 PENSACOLA, FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1967914	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTON, ALLEN J., M.D. 1717 NORTH "E" STREET SUITE 231 PENSACOLA, FL 32501				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRESTAN, ELMER P MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, D. FRANK, III, M.D. 1717 N. "E" ST, STE 231 PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATTON, ALLEN J MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, SHAILESH J. 1717 N. "E" ST, STE 231 PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNNENBERG, THOMAS 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, THOMAS J. 1717 N. "E" ST, STE 231 PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INCLAN, ALEJANDRO A MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAN, THOMAS B MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRERA, GERMAN MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-18-04 (850) 444-4785 Date Daytime Phone #		