



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90205 026 \*\*\*150.00

<b>DOCUMENT # 649021</b> 1. Entity Name <b>HEMATOLOGY-ONCOLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>1717 N. "E" STREET SUITE 231 PENSACOLA, FL 32501</b>			Mailing Address <b>1717 N. "E" STREET SUITE 231 PENSACOLA, FL 32501</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1967914</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATTON, ALLEN J., M.D. 1717 NORTH "E" STREET SUITE 231 PENSACOLA, FL 32501</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRESPAN, ELMER P MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD ANDREWS, D. FRANK, M.D. 1717 N. "E" ST, STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATTON, ALLEN J MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, SHAILESH J., M.D. 1717 N "E" ST, STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, THOMAS J 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INCLAN, ALEJANDRO A MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAN, THOMAS B MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRERA, GERMAN MD 1717 NORTH "E" STREET STE 231 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Elmer P. Brestan, M.D.</u> <b>Elmer P. Brestan, M.D.</b> 4/20/07 850-444-4785					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					