

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671775

FILED
Jan 25, 2008
Secretary of State

Entity Name: TAMPA BAY ONCOLOGY-HEMATOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4910 N. ARMENIA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4910 N. ARMENIA AVE.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-2006429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, VINA
3119 MOSS VALE LANE
TAMPA, FL 33618 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: DPT () Delete
Name: SHAH, REMESH
Address: 3119 MOSSVALE LANE
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: SHAH, VINA
Address: 3119 MOSSVALE LANE
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: PARK, Y.K. PETER
Address: 3119 MOSSVALE LANE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAMESH SHAH

MR.

01/25/2008

Electronic Signature of Signing Officer or Director

Date