PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UPR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300008829663
11/06/02--01071--020 **550.00

DOCUMENT # 671775

1. Corporation Name

TAMPA BAY ONCOLOGY-HEMATOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4910 N. ARMENIA AVE. TAMPA FL 33603	4910 N. ARMENIA AVE. TAMPA FL 33603

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/30/1980

5. FEI Number: 59-2006429 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	SHAH, RAMESH	3119 MOSSVALE LANE	TAMPA FL
S	SHAH, VINA	3119 MOSSVALE LANE	TAMPA FL

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12/24/02--01004--017 **200.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SHAH, VINA 3119 MOSS VALE LANE TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Reman Shah SIGNATURE REQUIRED — Date: 12/18/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Reman Shah SIGNATURE REQUIRED — 12/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #