

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674382

FILED
Mar 20, 2006
Secretary of State

Entity Name: STUART ONCOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

STUART ONCOLOGY ASSOC.
501 S.E. OSCEOLA ST, STE. 301
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

STUART ONCOLOGY ASSOC.
501 S.E. OSCEOLA ST, STE. 301
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2003116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENNISON, NANCY
501 E OSCEOLA STREET
SUITE 301
STUART, FL 39996 US

Name and Address of New Registered Agent:

PATEL, PRASHANT
501 E OSCEOLA STREET
SUITE 301
STUART, FL 34994 US

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: PRASHANT PATEL

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DENNISON, DANIEL S MD
Address: 49 WEST HIGHPOINT ROAD
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: PRASHANT, PATEL MD
Address: 1453 SW JASMINE TRAIL
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PATEL, PRASHANT R MD
Address: 1453 S.W.JASMINE TRACE
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: PRASHANT, PATEL R MD
Address: 1453 SW JASMINE TRACE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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: PRASHANT PATEL

DP

03/20/2006

Electronic Signature of Signing Officer or Director

Date