2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674382

FILED Apr 18, 2007 Secretary of State

Entity Name: STUART ONCOLOGY ASSOCIATES, P.A. **Current Principal Place of Business: New Principal Place of Business:** STUART ONCOLOGY ASSOC 501 S.E. OSCEOLA ST, STE. 301 STUART, FL 34994 **New Mailing Address: Current Mailing Address:** STUART ONCOLOGY ASSOC 501 S.E. OSCEOLA ST, STE. 301 STUART, FL 34994 FEI Number: 59-2003116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, PRASHANT 501 E ÓSCEOLA 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVPD () Delete Title: () Change () Addition PATEL, PRASHANT R MD Name: Name: 1453 S.W.JASMINE TRACE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PATEL, JAIMINI Name: 501 SE OSCEOLA ST, SUITE 301 Address: Address: STUART, FL 34994 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: PRASHANT PATEL 04/18/2007