

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674382

FILED
Apr 02, 2008
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 ()

Name and Address of Current Registered Agent:

PATEL, PRASHANT
501 E OSCEOLA STREET
SUITE 301
STUART, FL 34994 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: PVPD () Delete
Name: PATEL, PRASHANT R MD
Address: 1453 S.W.JASMINE TRACE
City-St-Zip: PALM CITY, FL 34990

Title: ST () Delete
Name: PATEL, JAIMINI
Address: 501 SE OSCEOLA ST, SUITE 301
City-St-Zip: STUART, FL 34994

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PATEL, JAIMINI
Address: 501 SE OSCEOLA ST, SUITE 301
City-St-Zip: STUART, FL 34994

Title: V () Change (X) Addition
Name: DESAI, ALPANA A
Address: 2875 SE DUNE DRIVE
City-St-Zip: STUART, FL 34996

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: PRASHANT PATEL

P

04/02/2008

Electronic Signature of Signing Officer or Director

Date