

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674382

FILED  
Apr 13, 2009  
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: P,D ( ) Delete  
Name: PATEL, PRASHANT R MD  
Address: 1453 S.W.JASMINE TRACE  
City-St-Zip: PALM CITY, FL 34990

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: PATEL, PRASHANT R MD  
Address: 501 S.E.OSCEOLA ST,SUITE 301  
City-St-Zip: STUART, FL 34994

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: PRASHANT PATEL

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date