

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 674382

**FILED**  
**Apr 18, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PRASHANT PATEL

P.D.

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date