FILED 2001 8:00 am ry of State 90180 014 ***150.00

Applied For Not Applicable

\$8.75 Additional - -

Fee Required

Zip Code

☐ Change

Change Change

\$5.00 May Be Added to Fees

2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # 696316 1. Entity Name HEMATOLOGY & ONCOLOGY CONSULTANTS, P.A. | | | | Jan 25, 2001 8 Secretary of 3 01-25-2001 90180 014 ** |
|---|--|---|--|---|
| Principal Place of Business | | Mailing Address | | _ |
| 2501 N. ORANGE AVENUE #381 ORLANDO FL 32804 US | | 2501 N. ORANGE AVENUI #381 ORLANDO FL 32804 US | E | i idania shika nakid anisa khan kasa shik shak akan shak shak |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | 4. FEI Number 59-2109057 |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Cu | rrent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| 2501 N #381 | DAVID K., MD I. ORANGE AVENUE DO FL 32804 | | | s (P.O. Box Number is Not Acceptable) |
| SIGNATURE | med entity submits this statem | | its registered office or registered office or registered office or registered. | tered agent, or both, in the State of Florida. |
| 9. This corporat | tion is eligible to satisfy its Intar uirement and elects to do so. | ngible FILE NOV | VIII FEE IS \$150.00 2001 Fee will be \$550.00 able to Department of St | |
| 11. | | AND DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRE |
| | smith, david K 2501 n. Orange ave 544: | □ Delete | TITLE NAME STREET ADDRESS 25 | HONE, STEFANI L. |

☐ Delete

CERS AND DIRECTORS IN 11 Addition ☐ Addition ☐ Addition ☐ Addition

SMIPH, DAVID K. 2501 NO BEANGE AVE 381 2501 N. ORANGE AVE 5145 381 STREET ADDRESS STREET ADDRESS DRLANDO, FL 32804 CITY-ST-ZIP CHTY-ST-ZIP. ORLANDO FL - -Change TITLE ☐ Delete TITLE OUNN, PHILIPH ZEHNGEBOT, LEE M. NAME NAME 250 IN DRANGE AVE 381 STREET ADDRESS 2501 N ORANGE AVE #5145 351 STREET ADDRESS ORLAND, FL 32804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change TITLE ☐ Delete TITLE ZEHNGEBOT, LEE M MOLTHROP, DAVID C JR,MD NAME 2501 NORANGE AVE 381 NAME 2501 N ORANGE AVE 5145 381 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORKANOO, FI 38804 CITY-ST-ZIP ORLANDO FL 32804 Change ☐ Addition TITLE ☐ Delete TITLE MOLTHROP, DAVID JR. MO NAME NAME 2501 N ORANGE AVE 381 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hy signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustale empowered to execute this rep

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

of the corporation or the receiver or truste changed, or on an attachment with an ad

CITY-ST-ZIP

TITLE

NAME

ORLANDO FL

DUNN, PHILIP H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO, FL 32804

Daytime Phone #