

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -7 AM 9:54

<b>DOCUMENT # 696316</b> 1. Entity Name <b>HEMATOLOGY &amp; ONCOLOGY CONSULTANTS, P.A.</b>					
Principal Place of Business <b>2501 N. ORANGE AVENUE #381 ORLANDO, FL 32804 US</b>			Mailing Address <b>2501 N. ORANGE AVENUE #381 ORLANDO, FL 32804 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2109057</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>SMITH, DAVID K, MD</del> <b>DUNN, PHILIP H., MD</b> <b>2501 N. ORANGE AVENUE #381 ORLANDO, FL 32804</b>				Name <b>DUNN, PHILIP H.</b> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>700059578687</b>  <b>09/13/05-01047-003 **70.00</b> </div> City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Philip H. Dunn</i></u> DATE <u><b>9-1-05</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, DAVID K</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>DUNN, PHILIP H., MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DUNN, PHILIP H</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECT.</b> <b>ZEHNGBOT, LEE M., MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ZEHNGBOT, LEE M.</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>MOLTHROP, DAVID C JR MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MOLTHROP, DAVID C JR, MD</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAPONE, STEFANI L., MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAPONE, STEFANI L</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GROW, WILLIAM B., MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GROW, WILLIAM B</b> <b>2501 N ORANGE AVE #381</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Philip H. Dunn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>PHILIP H. DUNN, MD</b>			Date <u><b>9/1/05</b></u> Daytime Phone # <u><b>407-898-982</b></u>		