2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								F SECRETA	ILED	SIATE		
DOCUMENT # 696316								DIVISION OF				
1. Entity Name HEMATOLOGY & ONCOLOGY CONSULTANTS, P.A.								05 SEP -	7 AM	9: 54		
Principal Place of Business Mailing Address												
2501 N. ORANGE AVENUE #381			2501 N. ORANGE AVENUE #381									
ORLANDO, FL 32804 US			ORLANDO, FL 32804 US			1 1 8 1 1 1 1 1 1 1 1 1	NITO DELLO DILLO DEL	J ATONI BISON ON		ALI KILLI		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09012005	Chg-P	CR2EC	034 (10/03)			
City & State			City & State				4. FEI Number 59-2109			—— ————	plied For t Applicable	
Zip Country			Zip	lry	5. Certificate of Status Desired \$8.75 Additional Fee Required					itional		
	6. Name	and Address of Current I					7. Name and /	Address of New R	egistered			
SMITH, DAVID-K., MD DUNN, PHILIP H., MD 2501 N. ORANGE AVENUE #381						Name DUNN, PHILIP H. Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	, FL 328	04		700059578687 						ທີ່ດູດດ ໄດ້ເຄີຍ		
				City								
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 A PRINTING 200 9-1-05												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND		11.				CHANGES TO OFF	ICERS AN			
TITLE NAME	P SMITH, D	DAVID K	Delete	E E	PRESIDENT X Change Addition DUNN, PHILIP H, MD							
STREET ADDRESS CITY-ST-ZIP		RANGE AVE #381 O, FL 32804		ET ADDRESS - ST-ZIP	S OWNER ! THE PROPERTY OF THE							
TITLE	s		☐ Delete	 E	SEC	:T.			Change	☐ Addition		
NAME Street Address	DUNN, P 2501 N O	HILIP H PRANGE AVE #381		E Et address	LEHNGEBOT, LEE M., MO							
CITY-ST-ZIP	ORLAND	O, FL 32804		-ST-ZIP								
TITLE NAME	T ZEHNGE	BOT, LEE M.	☐ Deleta	Delete TITLE			TREASURER Addition MOLTHROP, DAVIDE JR MO					
STREET ADDRESS 2501 N ORANGE AVE #381				STRE	ET ADDRESS	mo	LIHRUI	DAVID			,	
CITY-ST-ZIP	VP ORLAND	O, FL 32804	Delete	TITLE	-ST-ZIP	VF	, –	<u></u> -		Change	☐ Addition	
NAME	MOLTHR	OP, DAVID C JR,MD	E 50000	NAM	E	CAI	PONE, 5	TEFANI	L.,	mo		
STREET ADORESS CITY-ST-ZIP	1	PRANGE AVE #381 IO, FL 32804			ET ADDRESS '- St-Zip		·		′	_		
TITLE	VP	CTERANIA	☐ Delete	TΠL		VA	<u> </u>			Change	☐ Addition	
NAME STREET ADDRESS	CAPONE, STEFANI L ORESS 2501 N ORANGE AVE #381			NAM STRE	EET ADDRESS	GR	OW, WI	ILLIAM.	B., 1	m0		
CITY-ST-ZIP	 	O, FL 32804	<u> </u>	-	-ST-ZIP	-						
TITLE NAME	VP ☐ Delete III									☐ Change	☐ Addition	
STREET ADDRESS												
12. I hereby o	certify that the	ne information supplied with	this filing does not qualify fo	or the exe	-ST-ZIP emption sta	J ited in Se	ection 119.07(3)(i), Florida Statutes.	. I further co	artify that the in	nformation	
12. Thereby 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 feceiver 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 attagriment with an address, with all other like empowered.												
9/1/25 407-898-90										98-QC		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								Dale	<u>r </u>	Daytime Phone #	0 7/30-	
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