

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765342

FILED
Apr 05, 2007
Secretary of State

Entity Name: FLORIDA SOCIETY OF CLINICAL ONCOLOGY, INC.

Current Principal Place of Business:

3709 W JETTON AVE
TAMPA, FL 336295111 US

New Principal Place of Business:

Current Mailing Address:

3709 W JETTON AVE
TAMPA, FL 336295111 US

New Mailing Address:

FEI Number: 59-2305471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN PHILLIPS, DOROTHY
3709 WEST JETTON AVENUE
TAMPA, FL 33629 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: VP () Delete
Name: CASSELL, ROBERT MD
Address: 3525 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33804

Title: T () Delete
Name: MALHOTRA, VIKAS MD
Address: 10441 QUALITY DR., STE. 205
City-St-Zip: SPRING HILL, FL 34609

Title: IPP () Delete
Name: HENDERSON, RANDAL MD
Address: 655 S 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: RICE, DAVID MD
Address: 3175 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: M () Delete
Name: GREEN PHILLIPS, DOROTHY
Address: 3709 WEST JETTON AVE.
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: LEVINE, RICHARD MD
Address: 850 CENTURY MEDICAL DR
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY GREEN PHILLIPS

M

04/05/2007

Electronic Signature of Signing Officer or Director

Date