

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765342

FILED
Jan 13, 2012
Secretary of State

Entity Name: FLORIDA SOCIETY OF CLINICAL ONCOLOGY, INC.

Current Principal Place of Business:

10022 WATER WORKS LANE
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

10022 WATER WORKS LANE
RIVERVIEW, FL 33578 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
10022 WATER WORKS LANE
RIVERVIEW, FL 33578 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
Name: GADDIS, THOMAS MD
Address: 1375 ROBERTS DRIVE, SUITE 103
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T
Name: MARKS, ALAN MD
Address: 1235 SAN MARCO BLVD., SUITE 3
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: P
Name: COLON-OTERO, GERARDO MD
Address: 4500 SAN PABLO RD.
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: S
Name: DIAZ, MICHAEL MD
Address: 800 S. DAKOTA AVE., #401
City-St-Zip: TAMPA, FL 33606 US

Title: M
Name: GREEN PHILLIPS, DOROTHY
Address: 10022 WATER WORKS LANE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: IPP
Name: ROBBINS, GERALD MD
Address: 5500 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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

SIGNATURE: DOROTHY GREEN PHILLIPS

EXEC

01/13/2012

Electronic Signature of Signing Officer or Director

Date