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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 2002 8:00 am DOCUMENT # F45260 Secretary of State 1. Entity Name GAINESVILLE HEMATOLOGY - ONCOLOGY ASSOCIATES. P. 01-23-2002 90091 037 ***150.00 Principal Place of Business Mailing Address 720 SW 2ND AVE #160 720 SW 2ND AVE #160 712564 GAINESVILLE FL 32601-3250 GAINESVILLE FL 32601-3250 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 Applied For 59-2128346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STECHMILLER, BRUCE K Street Address (P.O. Box Number is Not Acceptable) -720 SW 2ND AVE #160 GAINESVILLE FL 32601 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition STECHMILLER, BRUCE K NAME NAME STREET ADDRESS 720 SW 2ND AVE #160 STREET ADDRESS GAINESVILLE, FL 00000 32601 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BHATIA, ANDRES NAME 720 SW 2ND AVE #160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-7IP TITLE Delete TITLE Addition Change NAME MONTOYA, VERNON NAME 720 SW 2ND AVE #160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP TITLE X Delete TITLE Change ☐ Addition CHEONG, ABRAHAM NAME NAME STREET ADDRESS 720 SW 2ND AVE #160 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13.1 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.