

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F45260**  
 1. Entity Name  
**GAINESVILLE HEMATOLOGY - ONCOLOGY ASSOCIATES, P.A.**



Principal Place of Business  
 1147 NW 64TH TERR  
 GAINESVILLE, FL 32605

Mailing Address  
 1147 NW 64TH TERR  
 GAINESVILLE, FL 32605



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2128346

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STECHMILLER, BRUCE K  
 1147 NW 64TH TERR  
 GAINESVILLE, FL 32605

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STECHMILLER, BRUCE K
STREET ADDRESS	1147 NW 64TH TERR
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	BHATIA, ANDRES
STREET ADDRESS	1147 NW 64TH TERR
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	MONTOYA, VERNON
STREET ADDRESS	1147 NW 64TH TERR
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	DELA PUERTA, MANUEL
STREET ADDRESS	1147 NW 64TH TERR
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/14/05-80001-011 150.00

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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: **X** *Bruce K Stechmiller MD* **2/2/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #