


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 025 \*\*\*150.00

**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**

40023952



01142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2128346</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_