

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45260

FILED
Feb 05, 2009
Secretary of State

Entity Name: GAINESVILLE HEMATOLOGY - ONCOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1147 NW 64TH TERR
GAINESVILLE, FL 32605

New Principal Place of Business:

1147 NW 64TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

1147 NW 64TH TERR
GAINESVILLE, FL 32605

New Mailing Address:

1147 NW 64TH TERRACE
GAINESVILLE, FL 32605

FEI Number: 59-2128346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STECHMILLER, BRUCE K
1147 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STECHMILLER, BRUCE K
Address: 1147 NW 64TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BHATIA, ANDRES
Address: 1147 NW 64TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: DELA PUERTA, MANUEL
Address: 1147 NW 64TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GORDAN, LUCIO
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STECHMILLER, BRUCE K
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: BHATIA, ANDRES
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: DELA PUERTA, MANUEL
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

Title: D () Change (X) Addition
Name: ACS, PETER
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES BHATIA

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date