

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45260

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

1147 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1147 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2128346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD, WEST
SUITE 210-B
JACKSONVILLE, FL 32217 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: D
Name: BHATIA, ANDRES
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

Title: D
Name: DICKERSON, LAURA C
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

SIGNATURE: ANDRES BHATIA

D

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date