

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90357 025 ***150.00

DOCUMENT # F45260

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



Principal Place of Business
720 SW 2ND AVE #160
GAINESVILLE FL 32601-3250

Mailing Address
720 SW 2ND AVE #160
GAINESVILLE FL 32601-3250

2. Principal Place of Business
1147 NW 64TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address
1147 NW 64TH TERRACE

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

Zip
32605

Country
USA

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
720 SW 2ND AVE #160
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1147 NW 64TH TERRACE

City
GAINESVILLE

State
FL

Zip Code
32605

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STECHMILLER, BRUCE K		NAME		
STREET ADDRESS	720 SW 2ND AVE #160		STREET ADDRESS	1147 NW 64TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32601		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHATIA, ANDRES		NAME		
STREET ADDRESS	720 SW 2ND AVE #160		STREET ADDRESS	1147 NW 64TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTOYA, VERNON		NAME		
STREET ADDRESS	720 SW 2ND AVE #160		STREET ADDRESS	1147 NW 64TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELA PUERTA, MANUEL		NAME		
STREET ADDRESS	720 SW 2ND AVE #160		STREET ADDRESS	1147 NW 64TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/03** Daytime Phone #

CR2E034 (10/02)