

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F65525

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** PASCO HERNANDO ONCOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

5802 STATE ROAD 54  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5802 STATE ROAD 54  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-2155792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUMAR, K., S.  
5802 S.R. 54  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

KUMAR, KAPISTHALAM S M.D.  
5802 S.R. 54  
NEW PORT RICHEY, FL 34652 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: KAPISTHALAM S. KUMAR

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: KUMAR, KAPISTHALAM S M.D.  
Address: 5802 STATE ROAD 54  
City-St-Zip: NEW PT RICHEY, FL 34652

Title: S,D  
Name: KULKARNI, GAJANAN M.D.  
Address: 5802 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: KAPISTHALAM S. KUMAR

P

02/15/2011

Electronic Signature of Signing Officer or Director

Date