

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F80177** (1)

1. Corporation Name

HEMATOLOGY-ONCOLOGY ASSOCIATES OF SOUTH PALM BEACH, P.A.

Principal Place of Business

Mailing Address

1000 N.W. 9TH COURT, SUITE 101
BOCA RATON, FL 33486-1373

1000 N.W. 9TH COURT, SUITE 101
BOCA RATON, FL 33486-1373



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BERLINER, ARNOLD
6721 SERENA LANE
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/06/1982

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2188270

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the day's name

(NOTE: Registered Agent Signature required for incorporation)

DATE

12 OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BERLINER, ARNOLD MD**

STREET ADDRESS **6721 SERENA LANE**

CITY- ST- ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VP BEGAS, ALBERT M.D.**

STREET ADDRESS **22263 MORNING GLORY TERR**

CITY- ST- ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

(407) 395-9504

CR2E034 (12/95)