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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

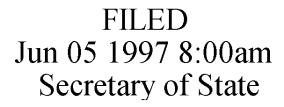
1997

DOCUMENT # F80177

HEMATOLOGY-ONCOLOGY ASSOCIATES OF SOUTH PALM BEA CH, P.A.

Principal Place of Business

Mailing Address





| 1000 N.W. 91H COURT. SUITE 101 BOCA, RATON, FL 33486-1373 | | | BOCA. RATON. FL 33486-2268 | | | | | |
|--|---|--|---|-------------------------------------|---|--|---|--|
| | | | | | | 3. Date Incorporated or Qualified 05/06/1982 | 3a. Date of Last Report 04/08/1996 | |
| 2. Principal Pl | ace of Business | 2a, Mailing A | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | | 59-2188270 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & Sta | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | — · · · · · · · · · · · · · · · · · · · | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | 25 | -1 | | | | Florida Statules Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| Berliner, Arnold | | | | 81 | Name | | | |
| | i Se rena lane | | | 82 Street Addre | | ddress (P.O. Box Number is Not Acceptable | le) • | |
| BOC | A RATON FL 33433 | | | | | · | • | |
| | | | | 83 | | | • | |
| | | | | 84 | City | | 85 Zip Code | |
| | | | | | , | | FL | |
| 11. Pursuant t office or re agent. I ar | to the provisions of Sections 607.0 agistered agent, or both, in the Sta m familiar with, and accept the ob | 502 and 607.1508, FI ate of Florida. Such of ligations of, Section 6 | orida Statutes, nange was aut 07.0505, Florid | the abov horized by a Statute | e-named c y the corpo s. | orporation submits this statement for the proration's board of directors. I hereby accep | urpose of changing its registered tithe appointment as registered | |
| SIGNATURE . | Signature, typed or printed name of registered | agent and title if applicable | (NOTE: F | registered Ag | ent signature ro | equired when reinstating) | DATE | |
| 12. | | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 | |
| TITLE | PD | | DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | BERLINER, ARNOLD MD | | | 1.2 NAME | | | | |
| STREET ADDRESS | 6721 SERENA LANE | | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | | | 14 CITY-5 | 67 - ZIP | | | |
| TITLE | | | DELETE | 21 TITLE | | | Change Addition | |
| NAME , | | | | 22 NAME | | | | |
| STREET ADDRESS | | | | 23 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 2 4 CITY- | ST-ZIP | | | |
| TITLE | | | DELETE | 31 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | 3 2 NAME | | | | |
| STREET ADDRESS | 2 | | | 3 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3 4. CITY- | | | | |
| TITLE | <i>S</i> *1 | | DELE TE | 4.1 TITLE | | | Change Addition | |
| NAME | • | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY - 9 | ST-ZIP | | | |
| TITLE | **** | | DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY - S | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | Change Addition | |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | • | | | 6.4 CITY - S | 1 | | | |

14. I do hereby certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual peport or supplier chilal 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 justee 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 or an attachment with an address.