

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86892

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** FLORIDA HEMATOLOGY AND ONCOLOGY SPECIALISTS, P.A.

**Current Principal Place of Business:**

2501 N. ORANGE AVE  
STE 201  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

616 E. ALTAMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-2193845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMBINDER, ROY M MD  
240 TRISMEN TERRACE  
WINTER PARK, FL 32789 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: AMBINDER, ROY M,  
Address: 240 TRISMEN TERRACE  
City-St-Zip: WINTER PARK, FL

Title: DVS ( ) Delete  
Name: GOUSSE, RALPH  
Address: 2501 N ORANGE AVE STE 201  
City-St-Zip: ORLANDO, FL 32804

Title: DV ( ) Delete  
Name: IYENGAR, VASUNDHARA  
Address: 2501 N ORANGE AVE STE 201  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROY M. AMBINDER

DPT

01/03/2007

Electronic Signature of Signing Officer or Director

Date