

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86892

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

106 BOSTON AVE
STE 203
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

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

New Mailing Address:

106 BOSTON AVE
STE 203
ALTAMONTE SPRINGS, FL 32701 US

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
2501 N. ORANGE AVE SUITE 201 S.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

AMBINDER, ROY M MD
106 BOSTON AVE
STE 203
ALTAMONTE SPRINGS, FL 32701 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:

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: AMBINDER, ROY M
Address: 106 BOSTON AVE, STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DVS
Name: GOUSSE, RALPH
Address: 106 BOSTON AVE, STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV
Name: IYENGAR, VASUNDHARA
Address: 106 BOSTON AVE, STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV
Name: HUSSEIN, MAEN
Address: 106 BOSTON AVE, STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ROY M. AMBINDER

DVT

01/05/2011

Electronic Signature of Signing Officer or Director

Date