

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F90914 (5)

1. Corporation Name

PEDIATRIC HEMATOLOGY-ONCOLOGY ASSOCIATES, P.A.

95 JUN 16 AM 11:40

Principal Place of Business

% JERRY L. BARBOSA
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

Mailing Address

% JERRY L. BARBOSA
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1982

3a. Date of Last Report

05/31/1994

4. FEI Number

59-2212374

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 880 Sixth Street, So.

Suite, Apt. #, etc.

27. Suite 140

28. St. Petersburg, FL

29. Zip

30. Pinellas

9. Name and Address of Current Registered Agent

BARBOSA, JERRY L.
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name

Barbosa, Jerry L.

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

880 Sixth Street, So.

83.

Suite 140

84. City

St. Petersburg

FL

85. Zip Code

33701

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBOSA, JERRY L.
STREET ADDRESS 801 SIXTH ST SOUTH
CITY ST ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BARBOSA, JERRY L.
1.3 STREET ADDRESS 880 Sixth Street, So., Suite 140
1.4 CITY ST ZIP St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

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4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.13.95

813-8924176