2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90914

1. Entity Name

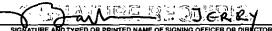
PEDIATRIC HEMATOLOGY-ONCOLOGY ASSOCIATES, P.A.

Principal Place of Business Mailing Address 880 SIXTH STREET. SO % JERRY L. BARBOSA

Apr 07, 2000 8:00 am Secretary of State 04-07-2000 90051 002 ***150.00

801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 2. Principal Place of Business		Sufte 140 St. Petersburg F US	ST. PETERSBURG FL 33701-4812			! NARIHAR HIYD HAHK RAHKA KAKAK KIGI	. 4141 41411 1 242	. OLDU EKOKI OLD	H 110 00 1 00 1
		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	City & State		4. FEI Number 59-2212374			pplied For ot Applicable	
Zip Country Zip		Zip	Country		5. C	ertificate of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent				·	7. N	ame and Address of New F	legistered A	gent	
BARBOSA, JERRY L. 880 SIXTH STREET, SO. SUITE 140 ST. PETERSBURG FL 33701				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	θ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE NOTE				ill be \$550.00		nstating) 10. Election Campaign Fir Trust Fund Contributio		\$5.0 Added	0 May Be
11.	OFFICERS AN	ND DIRECTORS	12,		ADE	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA, JERRY L 880 SIXTH STREET, SO., SUIT ST PETERSBURG FL	☐ Delet	NAME	ADDRESS T-ZIP			<u>-</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	HAME.	ADDRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAME	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delei	NAME	ADDRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAME	ADDRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAME	ADDRESS T-ZIP				Change	Addition
indicatéd	certify that the information supplied von this report or supplemental report poration or the receiver or trustee en	rt is true and accurate an	d that my signatui	re shall have the	same le	egal effect as if made under	oath; that I a	m an officer	or director

changed, or on an attachment with an address, with all other like empowered.



BARBOSA