

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F90914

FILED  
Jan 09, 2003  
Secretary of State

**Entity Name:** PEDIATRIC HEMATOLOGY-ONCOLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

880 SIXTH STREET, SO  
SUITE 140  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

FEI Number: 59-2212374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBOSA, JERRY L.  
880 SIXTH STREET, SO.  
SUITE 140  
ST. PETERSBURG, FL 33701 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: PD ( ) Delete  
Name: BARBOSA, JERRY L.  
Address: 880 SIXTH STREET, SO., SUITE 140  
City-St-Zip: ST PETERSBURG, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BARBOSA, JERRY L.  
Address: 880 SIXTH STREET, SO., SUITE 140  
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRY L. BARBOSA

MD

01/09/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date