

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001719

1. Entity Name

ONCOLOGY AFFILIATES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90010 003 ***150.00

Principal Place of Business

Mailing Address

1430 SPRING HILL ROAD

1430 SPRING HILL ROAD

SUITE 106

SUITE 106

MCLEAN VA 22102

MCLEAN VA 22102-3013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME LEE, FREDERICK C
STREET ADDRESS 5400 SHAWNEE ROAD, STE 203
CITY-ST-ZIP ALEXANDRIA VA

TITLE VP FINANCE, TREASURER, ASST SECY ☐ Change ☒ Addition
NAME CAROLYN LOWSTUTER
STREET ADDRESS 1430 SPRING HILL ROAD SUITE 106
CITY-ST-ZIP MCLEAN, VA 22102

TITLE V ☐ Delete
NAME LANGAN, EUGENE N
STREET ADDRESS 1420 SPRING HILL RD., STE 106
CITY-ST-ZIP MCLEAN VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME PRELACK, STEVEN
STREET ADDRESS 1420 SPRING HILL RD., STE 106
CITY-ST-ZIP MCLEAN VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME BUJALSKI, EDMUND C
STREET ADDRESS 1420 SPRING HILL RD., STE 106
CITY-ST-ZIP MCLEAN VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)