## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F98000005372

C T CORPORATION SYSTEM

PLANTATION FL 33324

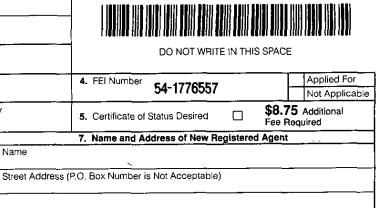
SIGNATURE:

1200 SOUTH PINE ISLAND ROAD

QUALITY ONCOLOGY, INC. Principal Place of Business Mailing Address SPRING HILL ROAD, SUITE 106 1430 SPRING HILL ROAD, SUITE 106 MCLEAN VA 22102-3013 -- AN VA 22102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90010 006 \*\*\*150.00



Zip Code

Daytime Phone #

FL

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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CUAINMAN OF BODAD, DIRECTOR | Change PD TITLE Delete TITLE ROBERT A MAYER NAME LEE. FREDERICK C 1430 SPRING WILL RODD STE 106 STREET ADDRESS STREET ADDRESS 1430 SPRING HILL ROAD SUITE 106 CITY-ST-ZIP CITY-ST-ZIP 20122 AV MCLEAN VA 22102 10 FINANCE, TREDSULER, DESTSELT Change X Delete TITLE VSTD NAME CAROLYN LOWSTUTER NAME PRELACK, STEVEN MJO SPRING HILLROAD STE 106 STREET ADDRESS STREET ADDRESS 1430 SPRING HILL ROAD SUITE 106 22102 CITY-ST-ZIP Mc LEAD VA CITY-ST-ZIP MCLEAN VA 22102 Change Addition TITLE □ Delete TITLE NAME BUJALSKI, EDMUND C NAME STREET ADDRESS STREET ADDRESS 1430 SPRING HILL ROAD SUITE 106 CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22102 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP hereby certify that the information supplied with this filling 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 fulls 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.

Name