

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005372

1. Entity Name

QUALITY ONCOLOGY, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90076 043 ***150.00

80044158



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1430 SPRING HILL ROAD, SUITE 106 MCLEAN VA 22102		Mailing Address 1430 SPRING HILL ROAD, SUITE 106 MCLEAN VA 22102	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	54-1776557	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, FREDERICK C 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN OF BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FREDERICK C LEE 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD MAYER, ROBERT A 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, PRESIDENT, FCMO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL T McCrone M.D. 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUJALSKI, EDMUND C 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHARON MACCOTY 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFTS LOWSTUTER, CAROLYN 1430 SPRING HILL RD STE 106 MCLEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES INFO SERVICES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL J WALL 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROLAND CLENEY 1430 SPRING HILL ROAD SUITE 106 MCLEAN VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (10/00)