2002 UNIFORM BUSINESS REPORT (UBR)

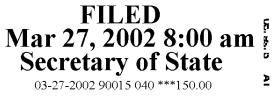
F9800005372

DOCUMENT # 1. Entity Name

QUALITY ONCOLOGY, INC.

Principal Place of Business

Mailing Address



| 1430 SPRING MCLEAN VA | HILL ROAD., SUITE, 108 22102 | 1430 SPRING HILL ROAD. SUITE 106 MCLEAN VA 22102 | | | | 1 14 8 1184 1218 18181 18121 8821 8811 8811 | i)) 83 (1) 60 (1 | 11 83198 33311 | 18018 (115i HSD) |
|--|--|--|--------------|--|---------------------|---|--------------------------------|------------------------------|--------------------------|
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | е | City & State | | | 4. | | | | pplied For ot Applicable |
| Zip | Country | Zip | Zip Country | | | 5. Certificate of Status Desired See Required | | | |
| | 6. Name and Address of Current Re | gistered Agent | | | 7. | Name and Address of New Regis | | | |
| 14 | and the second s | ال الشرة التي المعالم منيات العادات | - , | Name | way way war | الاي د الله المالية المسلمية السلمية السلمية | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PLANTATION FL 33324 | | | | City | | | | Zip Coc | |
| | | | | City | | | FL | zip Coc | .ie |
| 8. The above | named entity submits this statement for the | ne purpose of changing its | registere | ed office or | registered ag | gent, or both, in the State of Florida | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and | title if applicable. (NOTE | : Registered | d Agent signate | ire required when r | reinstating) | DATE | | |
| Tax filing r | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | 50.00 | 10. Election Campaign Financi Trust Fund Contribution. | ng | | 00 May Be d to Fees |
| 11. | OFFICERS AND DI | RECTORS | 12. | | ΑĽ | ODITIONS/CHANGES TO OFFICER | RS AND D | IRECTOF | RSIN 11. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1700 OF THE TOAD COILE TO | | | LC LOALEC VALIANT | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCCRONE, DANIEL T 1430 SPRING HILL ROAD SUITE 106 | | fi . | | 1430 S | E N. Lanbon Stringthu Rodo Sin J. VA 22.102 | _ | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C BUJALSKI, EDMUND C 1430 SPRING HILL ROAD SUITE 10 MCLEAN VA 22102 | Delete | - 11 | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFTS 5 LOWSTUTER, CAROLYN 1430 SPRING HILL RD STE 106 MC LEAN VA 22102 | ☐ Delete | แ | | | | [| _ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV MACCOY, SHARON 1430'SPRING HILL ROAD STE 106 MC:LEAN VA 22102 | Delete | 11 ' | | | . • | |] Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VIS WALL, MICHAEL J 1430 SPRING HILL ROAD STE 106 MC LEAN VA 22102 | ☐ Delete | 11 | | | | |] Change | ☐ 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if shared or one obtaining the language of the corporation of the corporatio of the corporation or the receiver changed, or on an attachment

SIGNATURE: