

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90107 049 ***150.00

DOCUMENT # F98000005372

1. Entity Name
QUALITY ONCOLOGY, INC.



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
1850 Parkway Place

Suite, Apt. #, etc.
1200

City & State
Marietta, GA

Zip
30067

Country
USA

3. Mailing Address
1850 Parkway Place

Suite, Apt. #, etc.
1200

City & State
Marietta, GA

Zip
30067

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
54-1776557

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCGB
LEE, FREDERICK C
1430 SPRING HILL ROAD SUITE 106
MCLEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GPS CMO
MCCRONE, DANIEL T
1430 SPRING HILL ROAD SUITE 106
MCLEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
BUJALSKI, EDMUND C
1430 SPRING HILL ROAD SUITE 106
MCLEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VFTS
LOWSTUTER, CAROLYN
1430 SPRING HILL RD STE 106
MC LEAN VA 22102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
KANACH, CHARLES
1430 SPRING HILL ROAD STE 106
MC LEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VIS
WALL, MICHAEL J
1430 SPRING HILL ROAD STE 106
MC LEAN VA 22102 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
Parker H. Petit
1857 Parkway Place
Marietta, GA 30067 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP & T
Stephen Mensert
1857 Parkway Place
Marietta, GA 30067 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP & S
Robert L. McCaw
1857 Parkway Place
Marietta, GA 30067 ☐ Change ☒ Addition

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

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

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

12. 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 10 or Block 11 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 **Roberta L. McCaw, VP & S 1-8-03 767-4510** **7701**

CR2E034 (10/02)