PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -9 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86036

1. Corporation Name

ONCOLOGY HEMATOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
3131 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	3131 SOUTH TAMIAMI TRAIL SARASOTA FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1984

5. FEI Number: 59-2368334 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	GOLDMAN, STEPHEN H.	3131 SOUTH TAMIAMI TRAIL	SARASOTA FL
V	BROWN, RICHARD H	3131 SOUTH TAMIAMI TRL	SARASOTA FL
T	CHU, LUIS	3131 S. TAMIAMI TR.	SARASOTA FL

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-12/01700--01087--020
****158.75 ****158.75

8. Name and Address of Current Registered Agent

GOLDMAN, STEPHEN H.
3131 SOUTH TAMIAMI TRAIL
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Stephen H. Goldman — Date: 10/13/00
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stephen H. Goldman, President — 10/13/00 — 941-957-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094344 AF

G860360

ONCOLOGY
HEMATOLOGY
CONSULTANTS

Susan A. Samies, P.A.-C.
Physician Assistant

Shawn G. Dorociak, A.R.N.P.
Nurse Practitioner

Linda L. Holmes, A.R.N.P.
Nurse Practitioner

Lori A. Lucas, A.R.N.P.
Nurse Practitioner

Stephen H. Goldman, M.D.
Board Certified in Medical Oncology

Richard H. Brown, M.D.
Board Certified in Oncology and Hematology

Luis Chu, M.D.
Board Certified in Oncology and Hematology

Caryn Silver, M.D.
Board Eligible in Medical Oncology

Jameel Audeh, M.D.
Board Certified in Medical Oncology

Rodrigo G. Garcia, M.D.
Board Certified in Oncology and Hematology

10/17/00

To Whom it May Concern:

This letter is written simply to inform you that our failure to file the Annual Report was totally unintentional. In fact, we never received the first or second notification. It has been my responsibility to pay all accounts for this office since 3/5/84, yet I somehow overlooked the fact that the Annual Report form never came to my attention. My apologies.

Sincerely,

Marilyn D. Goldman

Marilyn D. Goldman

Hawthorne Office
1851 Hawthorne Street • Sarasota, Florida 34239
Telephone (941) 364-8811 • Telefax (941) 364-2258

Professional Plaza
3131 South Tamiami Trail • Sarasota, Florida 34239
Telephone (941) 957-1000 • Telefax (941) 951-2117