

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G86036

1. Entity Name  
ONCOLOGY HEMATOLOGY CONSULTANTS, P.A.



Principal Place of Business  
1970 GOLF STREET  
SARASOTA, FL 34236

Mailing Address  
1970 GOLF STREET  
SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-2368334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RICHARD H  
1970 GOLF STREET  
SARASOTA, FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME BROWN, RICHARD H  
STREET ADDRESS 1970 GOLF ST.  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VP ☐ Delete  
NAME CHU, LUIS  
STREET ADDRESS 1970 GOLF ST  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VP ☐ Delete  
NAME AUDEH, JAMEEL  
STREET ADDRESS 1970 GOLF ST  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VP ☐ Delete  
NAME SILVER, CARYN  
STREET ADDRESS 1970 GOLF ST  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200061732472  
11/28/05--01061--014 \*\*\$750.00

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

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

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

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

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.

Richard H Brown

President

12/3/05



FILED  
05 DEC -9 AM 10:12