


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # G86036 1. Entity Name ONCOLOGY HEMATOLOGY CONSULTANTS, P.A. |  |
|---|---|

FILED
05 DEC -9 11:10:12

| | |
|---|---|
| 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 | 10152005 REIN-P CR2E098 (6/04) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | 4. FEI Number 59-2368334 |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--|--|
| 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 *Richard H. Brown* *President* DATE 10/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | Delete |
|----------------------------|--------------------|--------------------------|
| TITLE | PSD | <input type="checkbox"/> |
| NAME | BROWN, RICHARD H | |
| STREET ADDRESS | 1970 GOLF ST. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | CHU, LUIS | |
| STREET ADDRESS | 1970 GOLF ST | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | AUDEH, JAMEEL | |
| STREET ADDRESS | 1970 GOLF ST | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | SILVER, CARYN | |
| STREET ADDRESS | 1970 GOLF ST | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

200061732472
11/28/05--01061--014 **750.00

n/r/07

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