


FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90026 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H28402					
1. Corporation Name BAY AREA ONCOLOGY, M.D.S, P.A.					
Principal Place of Business 2713 W VIRGINIA AVENUE * TAMPA FL 33607			Mailing Address 2713 W VIRGINIA AVENUE * TAMPA FL 33607		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4301 N. Habana Ave Suite, Apt. #, etc. Suite 1 City & State Tampa FL Zip 33607 Country Hillsborough		2a. Mailing Address 4301 N. Habana Ave Suite, Apt. #, etc. Suite 1 City & State Tampa FL Zip 33607 Country Hills.		3. Date Incorporated or Qualified 11/01/1984	
4. FEI Number 59-2464352		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name Rafael W. Blanco 82 Street Address (P.O. Box Number is Not Acceptable) 4301 N. Habana Ave Suite 1 83 84 City Tampa FL 85 Zip Code 33607	
9. Name and Address of Current Registered Agent BLANCO, RAFAEL W. 2713 W VIRGINIA AVENUE * TAMPA FL 33607					

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP BLANCO, RAFAEL W. 2713 W VIRGINIA AVENUE TAMPA FL <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
DS GEORGE, CHRISTOPHER B. 2713 W VIRGINIA AVENUE TAMPA FL <input type="checkbox"/> DELETE		1.2 NAME	
DT LAUTERSZTAIN, JULIO 2713 W. VIRGINIA AVE. TAMPA FL <input type="checkbox"/> DELETE		1.3 STREET ADDRESS 4301 N. Habana Ave Suite 1	
		1.4 CITY-ST-ZIP Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

URE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)