

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90097 045 ***150.00

DOCUMENT # H28402

1. Entity Name
BAY AREA ONCOLOGY, M.D.S, P.A.

Principal Place of Business
4301 NORTH HABABA AVENUE
SUITE 1
TAMPA FL 33607 → **HABANA**

Mailing Address
4301 NORTH HABARA AVENUE
SUITE 1
TAMPA FL 33607 → **HABANA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2464352	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLANCO, RAFAEL W. 4301 NORTH HABARA AVENUE, SUITE 1 TAMPA FL 33607		Name Street Address (P.O. Box Number is Not Acceptable) HABANA Ave. City FL Zip Code	

← incorrect spelling

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANCO, RAFAEL W. 4301 NORTH HABARA AVENUE, STE. 1 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HABANA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GEORGE, CHRISTOPHER B. 4301 NORTH HABARA AVENUE, STE. 1 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HABANA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAUTERSZTAIN, JULIO 4301 NORTH HABARA AVENUE, STE. 1 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HABANA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael W. Blanco 3/4/01 (813) 875-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)