


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 019 ***150.00

DOCUMENT # H28402 1. Entity Name BAY AREA ONCOLOGY, M.D.S, P.A.	
---	---

Principal Place of Business 4301 NORTH HABANA AVENUE SUITE 1 TAMPA, FL 33607	Mailing Address 4301 NORTH HABANA AVENUE SUITE 1 TAMPA, FL 33607
--	--



04052005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLANCO, RAFAEL W. 4301 NORTH HABANA AVE SUITE 1 TAMPA, FL 33607
--

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLANCO, RAFAEL W. 4301 NORTH HABANA AVE SUITE 1 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GEORGE, CHRISTOPHER B. 4301 NORTH HABANA AVE SUITE 1 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LAUTERSZTAIN, JULIO 4301 NORTH HABANA AVE SUITE 1 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: X *Rafael W. Blanco MD* **4/5/05** **813 875-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #