


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # J74051 1. Entity Name EMERALD COAST ONCOLOGY AND HEMATOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547 US	Mailing Address 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547 US
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04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2877531	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

**CHANG, MING MD
1024 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/21/08-80025-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHANG, MING-CHEN MD 1024 MAR WALT DR FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HSIANG, HARVEY Y 1024 MAR WALT DR FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HSIANG, Y H 1024 MAR WALT DR FT WALTON BCH, FL 32547
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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 exemptions contained in Chapter 119, 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:  **4/4/08** **850 863 3148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #