2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74051

FILED Feb 04, 2009 Secretary of State

Entity Name: EMERALD COAST ONCOLOGY AND HEMATOLOGY ASSOCIATES, P.A.

current P	rincipal Place	e of Busines	s:	New Principal Plac	e of Business:
	WALT DRIVE LTON BEACH		US		
urrent N	lailing Addre	ss:		New Mailing Addre	ss:
	WALT DRIVE		US		
El Number	: 59-2877531	FEI Number	Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of (Current Reg	istered Agent:	Name and Address	of New Registered Agent:
024 MÁR	MING MD WALT DRIVE LTON BEACH		US		
OITI VV					
he above	named entity e of Florida.	submits this	statement for the	purpose of changing its register	red office or registered agent, or both
he above	e of Florida.	submits this	statement for the	purpose of changing its register	red office or registered agent, or botl
he above the State	e of Florida. ´ RE:		statement for the		red office or registered agent, or both Date
he above the State	e of Florida. ´ RE:	nic Signature	of Registered Ag		
The above the State SIGNATUI	e of Florida. RE: Electro	nic Signature	of Registered Ag	gent	
The above the State SIGNATUI	e of Florida. RE: Electro mpaign Financin S AND DIREC	nic Signature og Trust Fund C CTORS:) Delete -CHEN MD LT DR	of Registered Ag	gent	Date
he above the State IGNATUI Iection Car IFFICER: tte: ame: ddress:	e of Florida. RE: Electro mpaign Financin S AND DIREC PSD (CHANG, MING 1024 MAR WA FT WALTON B VP (HSIANG, HARV 1024 MAR WA	nic Signature og Trust Fund C CTORS:) Delete -CHEN MD LT DR EACH, FL) Delete /EY Y	of Registered Accontribution ().	gent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MING CHEN CHANG PRES 02/04/2009