FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95739 (4)

1. Corporation Name
REGIONAL ONCOLOGY/HEMATOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
802 W OAK ST KISSIMMEE FL 34741	802 W OAK ST KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1989
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2958365 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, STEVEN C.
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: F&L Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 200 Laura Street
83: Third Floor
84 City: Jacksonville FL 85 Zip Code: 32201-0204

11. 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: [signature], Agent — 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	11 TITLE	DPT	☒ Change ☐ Addition
NAME	MILLER, ARNOLD I.	12 NAME	Miller, Arnold I.	
STREET ADDRESS	802 W OAK ST	13 STREET ADDRESS	802 W Oak Street	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	DPT	21 TITLE	DVS	☐ Change ☒ Addition
NAME	~~ROBERTS, MICHAEL S.~~	22 NAME	Otoya, Jorge	
STREET ADDRESS	~~802 W OAK ST~~	23 STREET ADDRESS	802 W Oak Street	
CITY-ST-ZIP	~~KISSIMMEE FL~~	24 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	SCC 5-1-95 $ BANK	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature] 4/26/95 (407)933-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0374817 CP