2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# K97601

Entity Name: LAKE COUNTY ONCOLOGY AND HEMATOLOGY, P.A.

Current Principal Place of Business:

2501 N. ORANGE AVE
SUITE 201
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

616 E. ALTAMONTE DR
STE 100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2956642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBINDER, ROY M.
2501 N. ORANGE AVE.
STE 201
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DR	( ) Delete
Name:	AMBINDER, ROY M.,	
Address:	2501 N. ORANGE AVE.- STE 201	
City-St-Zip:	ORLANDO, FL	
Title:	DR	( ) Delete
Name:	AMBINDER, ROY M.,	
Address:	2501 N. ORANGE AVE.	
City-St-Zip:	ORLANDO, FL	
Title:	DR	( ) Delete
Name:	GOUSSE, RALPH	
Address:	2501 N. ORANGE AVE.- STE 201	
City-St-Zip:	ORLANDO, FL 32804	
Title:	DR	( ) Delete
Name:	IYENGAR, VASUNDHARA	
Address:	2501 N. ORANGE AVE.- STE 201	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH GOUSSE, PRESIDENT MD 01/19/2006

Electronic Signature of Signing Officer or Director — Date