

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K97601

FILED
Nov 06, 2009
Secretary of State

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

Current Principal Place of Business:

2501 N. ORANGE AVE
SUITE 201 S.
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 S.
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: ROY M. AMBINDER, MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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 S.
City-St-Zip: ORLANDO, FL 32804

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DR () Change (X) Addition
Name: HUSSEIN, MAEN
Address: 2501 N. ORANGE AVE STE 201 S.
City-St-Zip: ORLANDO, FL 32804

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: ROBERT C. ANDERSON

MR

11/06/2009

Electronic Signature of Signing Officer or Director

Date