

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97601

FILED  
Jan 05, 2010  
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 (X)**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: DR  
Name: GOUSSE, RALPH  
Address: 2501 N. ORANGE AVE.- STE 201  
City-St-Zip: ORLANDO, FL 32804

Title: DR  
Name: IYENGAR, VASUNDHARA  
Address: 2501 N. ORANGE AVE. STE 201 S.  
City-St-Zip: ORLANDO, FL 32804

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

I hereby 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 all other like empowered.

SIGNATURE: RALPH GOUSSE, M.D.

DR

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date