

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97601

FILED  
Jan 05, 2011  
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:

106 BOSTON AVE  
STE 203  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

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

## New Mailing Address:

106 BOSTON AVE  
STE 203  
ALTAMONTE SPRINGS, FL 32701

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:

AMBINDER, ROY M.  
106 BOSTON AVE  
STE 203  
ALTAMONTE SPRINGS, FL 32701 US

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:

01/05/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DR  
Name: AMBINDER, ROY M.  
Address: 106 BOSTON AVE, STE 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DR  
Name: AMBINDER, ROY M.  
Address: 106 BOSTON AVE, STE 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DR  
Name: GOUSSE, RALPH  
Address: 106 BOSTON AVE, STE 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DR  
Name: IYENGAR, VASUNDHARA  
Address: 106 BOSTON AVE, STE 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ROY M. AMBINDER

DR

01/05/2011

Electronic Signature of Signing Officer or Director

Date