

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97601

FILED
Apr 13, 2012
Secretary of State

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

Current Principal Place of Business:

106 BOSTON AVE
STE 203
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

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

Name and Address of New Registered Agent:

AMBINDER, ROY M MD
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: ROY M. AMBINDER, MD

04/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: DV
Name: HUSSEIN, MAEN MD
Address: 106 BOSTON AVE, STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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. GOUSSE, MD

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04/13/2012

Electronic Signature of Signing Officer or Director

Date