

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L40940** (3)

1. Corporation Name

HEMATO-ONCOLOGY CARE, INC.



Principal Place of Business

Mailing Address

**1380 NE MIAMI GARDENS DR.
SUITE 235
N MIAMI BEACH FL 33179**

**1380 NE MIAMI GARDENS DR.
SUITE 235
N MIAMI BEACH FL 33179**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1990

04/27/1995

4. FET Number

65-0198170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

85

Zip Code

**LASRIS, LEE F.
9400 SOUTH DADELAND BLVD.
PENTHOUSE #5
MIAMI FL 33156**

Peter Fisher CPA

2396 N.E. 172 STREET

North Miami Beach

FL

33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Date Registered Agent Signature Received (Date)

1/22/96

12. OFFICERS AND DIRECTORS

1. TITLE	DPS	☐ DELETE
2. NAME	SOMERMAN, SUSAN	
3. STREET ADDRESS	1380 NE MIAMI GARDENS DR	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	N. MIAMI BEACH, FL 33179
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or a receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Somerman
President

1/22/96

954436373P

CR2E034 (12/95)