

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L59625**1. Entity Name
ONCO, INC.**FILED**
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90062 031 ***558.75

0096643 AV

Principal Place of Business

**1801 COOK AVENUE
ORLANDO FL 32806**

Mailing Address

**1801 COOK AVENUE
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3006382Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTAÑA, GERMAN MD
1801 COOK AVENUE
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **Donald L. Behrmann, MD**

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

1801 Cook Avenue

City

Orlando

FL

Zip Code

32806

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Donald L. Behrmann, M.D. President

DATE

6/12/029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PSTD
MONTAÑA, GERMAN MD
1801 COOK AVENUE
ORLANDO FL**☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
RAMOS, LUIS
1801 COOK AVENUE
ORLANDO FL**☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BEHRMANN, DONALD
1801 COOK AVENUE
ORLANDO FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PSTD
BEHRMANN, DONALD
1801 COOK AVENUE
ORLANDO FL 32806**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Behrmann, M.D.

Date

6/12/02

Daytime Phone #

407-425-7470

CR2E034 (9/01)