


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAY -1 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000885 NORTH FLORIDA HEMATOLOGY & ONCOLOGY ASSOCIATES, P.L. 1801 BARRS STREET SUITE 800 JACKSONVILLE FL 32204				1a. Principal Place of Business Address 1801 BARRS STREET SUITE 800 JACKSONVILLE FL 32204	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 1/16/1995 4. FEI Number 59-3348502 5. Date of Last Report 06/06/1996	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent SIEGEL, STEVEN D M.D. 1801 BARRS STREET SUITE 800 JACKSONVILLE FL 32204			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	STONE, JOEL A M.D.	1801 BARRS STREET, SUITE 8		JACKSONVILLE FL	
MGRM	SIEGEL, STEVEN D M.D.	1801 BARRS STREET, SUITE 8		JACKSONVILLE FL	
MGRM	HUNGER, KEVIN K M.D.	1801 BARRS STREET, SUITE 8		JACKSONVILLE FL	
MGRM	FOX, LEANN L M.D.	1801 BARRS STREET, SUITE 8		JACKSONVILLE FL	
				300002176759--6 -05/13/97--01068--020 ****203.75 ****203.75 781249 5/12/97	
11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		JOEL A. STONE, M.D.		4/29/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	