

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM
AT

DOCUMENT # L96000000580

1. Entity Name
PINELLAS HEMATOLOGY/ONCOLOGY PRACTICE ASSOCIATIO

FILED

01 JAN 19 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
CORNERSTONE CANCER CENTER
PALM HARBOR FL 34684

Mailing Address
3850 TAMPA RD
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3800196

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORBERGS, ANDA M.D.
3850 TAMPA ROAD
PALM HARBOR FL 34684

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
NORBERGS, ANDA M.D.
STREET ADDRESS
3850 TAMPA ROAD
CITY-ST-ZIP
PALM HARBOR FL 34684

TITLE NAME ☐ Change ☐ Addition
900003576159--3
-01/26/01--01040--001
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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.

SIGNATURE:

Anda M.D. Norbergs

1/15/01

727.784-2595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)