

1181025

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(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ONCOLOGY ASSOCIATION P.A.  
Name of Corporation

DOCUMENT NUMBER: MS1025

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MENDEZ, PEDRO E.

Name of Contact Person

Firm/Company

4700 NORTH HABANA AVENUE, STE #702

Address

TAMPA, FL 33614

City/State and Zip Code

ERNMEN@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. PEDRO E. MENDEZ

Name of Contact Person

at ( 813 )

872 0613  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ONCOLOGY ASSOCIATION P.A.

2. The principal office address: 4700 NORTH HABANA AVENUE,STE #702  
TAMPA,FL 33614

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: MAY 16, 1988 Document number: M81025

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BIERLEY,JOHN C

102W WHITING ST

TAMPA,FL33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BIERLEY, JOHN C

5414 LYKES LANE

P.O. Box NOT acceptable

TAMPA,FL 33611

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

DR. PEDRO E. MENDEZ / PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered Agent

OCTOBER 17, 2020

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Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name \_\_\_\_\_

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)