

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92613

FILED  
Aug 24, 2004  
Secretary of State

Entity Name: BROWARD ONCOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

6405 N. FEDERAL HWY.  
300  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

6405 N. FEDERAL HWY.  
300  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 65-0062119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRERAS, LUIS  
6405 N. FEDERAL HWY  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

BARRERAS, LUIS  
6405 N. FEDERAL HWY  
300  
FT. LAUDERDALE, FL 33308 US

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: \_\_\_\_\_ 08/24/2004  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BARRERAS, LUIS R.,  
Address: 6405 N FEDERAL HWY/STE 300  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS R. BARRERAS, MD      DR.      08/24/2004  
Electronic Signature of Signing Officer or Director      Date