

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005117

FILED
Feb 08, 2012
Secretary of State

Entity Name: PATIENT ASSISTANT FOUNDATION OF FLORIDA ONCOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

9143 PHILIPS HWY, SUITE 560
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9143 PHILIPS HWY, SUITE 560
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 27-2750026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAGE, BETH
1613 JODY COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PAGE, BETH
Address: 1613 JODY COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: ANDERSON, AIMIEE
Address: 1819 BURGESS HILL DR. E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: PHELAN, ROBERT
Address: 1911 WOODLAKE DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETH B. PAGE

MRS.

02/08/2012

Electronic Signature of Signing Officer or Director

Date