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95 MAY -1 AM 11:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50911 (9)

1. Corporation Name

ONCOLOGY MANAGERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 48036 JACKSONVILLE FL 32247-8036 US	POST OFFICE BOX 48036 JACKSONVILLE FL 32247-8036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1992	3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3149454	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURGIN, DONNA 1460 36TH STREET VERO BCH FL 32960	81 Name: (Roberta) BOBI CERIO 82 Street Address (P.O. Box Number is Not Acceptable): 6001 21st Avenue W. 83 84 City: Bradenton FL Zip Code

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*****70.00 *****70.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	LOMEL, JANE	1 2 NAME	JOANN CARTER
STREET ADDRESS	2725 SE MARICAMP RD	1 3 STREET ADDRESS	802 W. OAK ST
CITY-ST-ZIP	OCALA FL	1 4 CITY-ST-ZIP	KISSIMMEE, Fl 34741
TITLE	P	2 1 TITLE	PD ☒ Change ☐ Addition
NAME	MACKINNON, CILE	2 2 NAME	KATHY BOYKIN
STREET ADDRESS	1632 RIGGINS RD	2 3 STREET ADDRESS	85 W. MILLER
CITY-ST-ZIP	TALLAHASSEE FL 32308	2 4 CITY-ST-ZIP	ORLANDO, Fl. 32806
TITLE	VP	3 1 TITLE	VPD ☒ Change ☐ Addition
NAME	CARTER, JOANN	3 2 NAME	GAIL ERCATREICH
STREET ADDRESS	802 WEST OAK STREET	3 3 STREET ADDRESS	107 LONGWOOD AVE
CITY-ST-ZIP	KISSIMMEE FL	3 4 CITY-ST-ZIP	ROCKLEDGE, Fl. 32955
TITLE	S	4 1 TITLE	S ☒ Change ☐ Addition
NAME	BOYKIN,KATHY	4 2 NAME	HEATHER HILL
STREET ADDRESS	85 WEST MILLER	4 3 STREET ADDRESS	2501 N. ORANGE AVE STE 201
CITY-ST-ZIP	ORLANDO FL 32806	4 4 CITY-ST-ZIP	ORLANDO, Fl. 32804
TITLE	T	5 1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	BURGIN,DONNA	5 2 NAME	Bobi Cerio
STREET ADDRESS	1400 36TH STREET	5 3 STREET ADDRESS	6001 21st Avenue W
CITY-ST-ZIP	VERO BCH FL 32960	5 4 CITY-ST-ZIP	Bradenton, Fl 34209
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS	TLS, 4/19/98	6 3 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-19-95 (813) 792-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026489