

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50911

FILED
Apr 01, 2013
Secretary of State

Entity Name: ONCOLOGY MANAGERS OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 48036
JACKSONVILLE, FL 322478036 US

New Principal Place of Business:

9957 MOORINGS DRIVE
SUITE 201
JACKSONVILLE, FL 32257 US

Current Mailing Address:

PO BOX 48036
JACKSONVILLE, FL 322478036 US

New Mailing Address:

P.O. BOX 358440
GAINESVILLE, FL 326358440 US

FEI Number: 59-3149454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERIO, BOBI R
6001 21ST AVENUE W.
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

WILLIAM R. HUSEMAN, P.A.
9957 MOORINGS DRIVE
SUITE 201
JACKSONVILLE, FL 32257 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: WILLIAM R. HUSEMAN

04/01/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KOERNER, MARILYN L
Address: 9957 MOORINGS DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP
Name: ERENTREICH, GAIL K
Address: 9957 MOORINGS DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: IT
Name: FLOWERS, MICHELLE S
Address: 9957 MOORINGS DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S
Name: KARLENE, THERESA S
Address: 9957 MOORINGS DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

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: MARILYN L. KOERNER

P

04/01/2013

Electronic Signature of Signing Officer or Director

Date