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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003155

1. Corporation Name

**TAMPA ONCOLOGY/HEMATOLOGY PRACTICE ASSOCIATION,
INC.**

Principal Place of Business

2713 W. VIRGINIA AVE.
TAMPA FL 33607

Mailing Address

2713 W. VIRGINIA AVE.
TAMPA FL 33607



2. Principal Place of Business

21 **4301 N. HABANA AVE**

2a. Mailing Address

26 **4301 N. Habana Ave**

Suite, Apt. #, etc.

22 **Suite 1**

Suite, Apt. #, etc.

27 **Suite 1**

City & State

23 **Tampa, Florida**

City & State

28 **Tampa, Florida**

Zip

24 **33607**

Country

25 **USA**

Zip

29 **33607**

Country

30 **USA**

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3324972

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

9. Name and Address of Current Registered Agent

**LAUTERSZTAIN, JULIO MD
2713 W. VIRGINIA AVE.
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LAUTERSZTAIN, JULIO MD**
STREET ADDRESS **2713 WEST VIRGINIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VSD** ☐ DELETE
NAME **SHAH, RAMESH MD**
STREET ADDRESS **4910 NO. ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **TD** ☐ DELETE
NAME **AUERACH, LEWIS**
STREET ADDRESS **1414 SWANN AVE.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **same name + title** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4301 N. HABANA Ave Suite 1**
1.4 CITY-ST-ZIP **Tampa FL 33607**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99

CR2E037 (11/98)