

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057713

FILED
Jul 16, 2009
Secretary of State

Entity Name: OSCEOLA CANCER CENTER, P.A.

Current Principal Place of Business:

737 W OAK ST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

737 W OAK STREET
KISSIMMEE, FL 34741

FEI Number: 59-3651593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 N. EOLA DRIVE
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, ARNOLD I D.O.
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DT () Delete
Name: OTOYA, JORGE G M.D.
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: AMORNMARN, RUMPA M.D.
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DV () Delete
Name: HALILI, DANIEL R MD
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DS () Delete
Name: ROBINSON, DAVID N MD
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: VIJAYVARGIYA, MAMTA MD
Address: 737 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARNOLD I. MILLER, DO

DP

07/16/2009

Electronic Signature of Signing Officer or Director

Date