


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000091243	
1. Entity Name HEMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES, INC.	

Principal Place of Business 4685 SOUTH CONGRESS AVE, SUITE 200 LAKE WORTH, FL 33461	Mailing Address 4685 SOUTH CONGRESS AVE, SUITE 200 LAKE WORTH, FL 33461
---	---

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1044743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  SIRPAL, SURENDRA 4685 S CONGRESS AVE STE 200 LAKE WORTH, FL 33461
---

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>-FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	000000597210 01/24/07-80024-016 150.00
--	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIPAL, SURENDRA 4685 S. CONGRESS AVE STE 200 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STERNHEIM, WILLIAM 4685 S. CONGRESS AVE STE 200 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP ARUNACHALAN, THENAPPAN 4685 S CONGRESS AVE STE 200 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP GARCIA, EDUARDO 4685 S. CONGRESS AVE STE 200 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Eduardo D. Garcia 1.17.07 561-965-1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #