

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093281

Entity Name: ONCOLOGY DESIGN, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

6867 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127524

New Principal Place of Business:

255 TIMBER CREEK CT
RENO, NV 89511

Current Mailing Address:

6867 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127524

New Mailing Address:

255 TIMBER CREEK CT
RENO, NV 89511

FEI Number: 59-3049919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROST, ERIC C
6867 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127524 US

Name and Address of New Registered Agent:

ROST, ERIC C
552 MOSS VIEW WAY
TALLAHASSEE, FL 32312 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: ERIC ROST

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROST, ERIC C
Address: 6867 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 323127524

Title: V () Delete
Name: HARMON, KATIE
Address: 5129 MADDOX RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: ROST, JAMIE
Address: 645 FOUNTAIN BLVD.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROST, ERIC C
Address: 255 TIMBER CREEK CT
City-St-Zip: RENO, NV 89511

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: ERIC ROST

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date