


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90005 048 ***150.00

| | |
|---|---|
| DOCUMENT # P01000050335 |  |
| 1. Entity Name VERO BEACH HEMATOLOGY/ONCOLOGY, P.A. | |

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|---|---|
| Principal Place of Business CITRUS MEDICAL PLAZA 981 37TH PLACE VERO BEACH FL 32960 | Mailing Address CITRUS MEDICAL PLAZA 981 37TH PLACE VERO BEACH FL 32960 |
|---|---|

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | |
|--|---|
| 4. FEI Number 59-3722341 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent EVANS, JOHN G ESQ 1565 US HWY. ONE SEBASTIAN FL 32958 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|-------------------------------|---|--|
| TITLE D <input type="checkbox"/> Delete | NAME RAO, HEMA M.D. | TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 7420 - 30TH CT. | | NAME | |
| CITY-ST-ZIP VERO BEACH FL 32967 | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 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: HEMA RAO, MD **2-5-04 772-299-4255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #