2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P01000050335

Entity Name: VERO BEACH HEMATOLOGY/ONCOLOGY, P.A.

Current Principal Place of Business:

CITRUS MEDICAL PLAZA
981 37TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

CITRUS MEDICAL PLAZA
981 37TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-3722341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, JOHN G ESQ
1565 US HWY. ONE
SEBASTIAN, FL 32958 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAO, HEMA M.D.
Address: 7420 - 30TH CT.
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAO, HEMA M.D.
Address: 4121 OCEAN DRIVE #401
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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: HEMA RAO MD PRES 03/07/2006

Electronic Signature of Signing Officer or Director Date