

PD/000055374  
TRANSMITTAL LETTER  
FILED

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

01 MAY 29 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

900004326289--9

-05/29/01--01147--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ONCOLOGY & HEMATOLOGY SPECIALISTS, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy

☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: CARSON B. BOMAR  
Name (Printed or typed)

8480 W. HOMOSASSA TRAIL  
Address

HOMOSASSA, FL 34446  
City, State & Zip

352-628-6443  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

## ARTICLE I NAME

The name of the corporation shall be: ONCOLOGY & HEMATOLOGY SPECIALISTS, P.A. 01 MAY 29 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4710 N. HABANA AVE., SUITE 303  
TAMPA, FL 33614

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY MEDICAL BUSINESS. MAIN AREA  
TO BE ONCOLOGY & HEMATOLOGY.

## ARTICLE IV SHARES

The number of shares of stock is: MAXIMUM NUMBER OF SHARES OF STOCK THAT THE CORPORATION'S  
AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME SHALL BE ONE THOUSAND (1000) SHARES OF  
COMMON STOCK AT ONE DOLLAR (\$1.00) PER SHARE PAR VALUE.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: BRIAN E. CADIGAN, M.D.  
4710 N. HABANA AVE., SUITE 303  
TAMPA, FL 33614

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: CARSON B. BOMAR  
8480 W. HOMOSASSA TRAIL  
HOMOSASSA, FL 34446

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this  
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Brian E. Cadigan  
Signature/Registered Agent

5-23-01  
Date

Carson B. Bomar  
Signature/Incorporator

5-23-01  
Date