

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000055374**

1. Entity Name

ONCOLOGY & HEMATOLOGY SPECIALISTS, P.A.



Principal Place of Business

4710 N HABANA AVE., STE 303  
TAMPA FL 33614

Mailing Address

4710 N HABANA AVE., STE 303  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADIGAN, BRIAN E M.D.  
4710 N HABANA AVE., STE 303  
TAMPA FL 33614

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 terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
DPVP  
CADIGAN, BRAIN E  
4710 N HABANA AVE 303  
TAMPA FL 33614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
1000000246011  
02/24/05-90048-013 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
S  
CADIGAN, ARLENE  
4710 N HABANA AVE 303  
TAMPA FL 33614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Brian E. Cadigan*  
BRIAN CADIGAN MD

2-24-05

838160454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number