

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000060208**

1. Entity Name  
**ONCO IDEAS, INC.**



Principal Place of Business      Mailing Address

**1805 EAST SANDPOINTE PLACE**      **1805 EAST SANDPOINTE PLACE**  
**VERO BEACH, FL 32963**                      **VERO BEACH, FL 32963**



04112006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**30-0130044**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POLACKWICH, ALAN S SR.**  
**3333 20TH STREET**  
**VERO BEACH, FL 32960**

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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 ALAN S. POLACKWICH SR.      DATE 4/15/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.       **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIN, PHILIP M.D. 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUBIN, CLIFFORD A 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUBIN, BARBARA L 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SONI, ARVIND 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Philip Rubin MD CEO      DATE 4/15/06      DAYTIME PHONE # 772 492 0931  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

PHILIP RUBIN MD PRES.