

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073158

FILED
Mar 27, 2006
Secretary of State

Entity Name: ONCOLOGY PHYSICIANS, P.A.

Current Principal Place of Business:

3253 MCMULLEN BOOTH RD STE 100
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3253 MCMULLEN BOOTH RD STE 100
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 02-0629615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, CHARLES MD
3253 MCMULLEN BOOTH RD STE 100
CLEARWATER, FL 33761 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: BROOKS, CHARLES MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: D () Delete
Name: JOPPERT, MARCOS MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: DRAPKIN, ROBERT MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: MCCREARY, ROBERT MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: REDWOOD, WILLIAM MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP (X) Delete
Name: STANTON, GAIL MD
Address: 3253 MCMULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES BROOKS

D

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date