

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073158

FILED  
Apr 06, 2010  
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:

3850 TAMPA ROAD  
PALM HARBOR, FL 34864

## Current Mailing Address:

3253 MCMULLEN BOOTH RD STE 100  
CLEARWATER, FL 33761

## New Mailing Address:

3850 TAMPA ROAD  
PALM HARBOR, FL 34864

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:

JOPPERT, MARCOS MD  
3850 TAMPA ROAD  
PALM HARBOR, FL 34864 US

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: MARCOS JOPPERT, MD

04/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP  
Name: CHAMBERLAIN, KERRY DO  
Address: 3253 MCMULLEN BOOTH RD STE 100  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby 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 all other like empowered.

SIGNATURE: MARCOS JOPPERT, MD

VP

04/06/2010

Electronic Signature of Signing Officer or Director

Date