
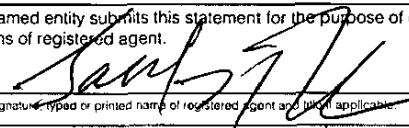
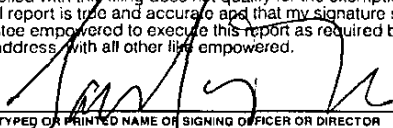


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90195 019 \*\*\*150.00

<b>DOCUMENT # P02000100390</b> 1. Entity Name CENTRAL FLORIDA HEMATOLOGY & ONCOLOGY, P.A.					
Principal Place of Business 114 NORTH BLVD E LEESBURG, FL 34748 US			Mailing Address 114 NORTH BLVD E LEESBURG, FL 34748 US		
2. Principal Place of Business 601 E. Dixie Ave. Suite, Apt. #, etc. Ste 1001 City & State Leesburg, FL Zip 34748 Country Lake		3. Mailing Address 601 E. Dixie Ave Suite, Apt. #, etc. Ste 1001 City & State Leesburg, FL Zip 34748 Country Lake		06302005 Chg-P CR2E034 (10/03)  4. FEI Number 27-0032515 Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  REID, JOHN J 390 N. ORANGE AVENUE, SUITE 2180 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Sandeep K. Thaper, MD Street Address (P.O. Box Number is Not Acceptable) 601 E. Dixie Ave Ste 1001 City Leesburg, FL City Leesburg FL Zip Code 34748		
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:  DATE: 7/7/05 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR THAPER, SANDEEP M.D. 39914 SUNBEAM WAY LEESBURG, FL 32159	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33 Dr. Sandeep K. Thaper 2008 Castelli Blvd. Mt. Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.					
SIGNATURE: 			7/7/05 (352)409-6979 <small>Date Daytime Phone #</small>		