

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000110163

FILED
Dec 02, 2009
Secretary of State**Entity Name:** FLORIDA CANCER INSTITUTE - NEW HOPE, P.A.**Current Principal Place of Business:**7154 MEDICAL CENTER DRIVE
SPRING HILL, FL 34608**New Principal Place of Business:****Current Mailing Address:**7154 MEDICAL CENTER DRIVE
SPRING HILL, FL 34608**New Mailing Address:****FEI Number:** 01-0749843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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**OFFICERS AND DIRECTORS:**

Title: S () Delete
Name: HOCHMAN, LAWRENCE M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP2 () Delete
Name: ROBBINS, GERALD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DP () Delete
Name: CARADONNA, RICHARD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP1 () Delete
Name: AYUB, JORGE M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: T () Delete
Name: SOKOL, GERALD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: HOCHMAN, LAWRENCE M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DVP2 (X) Change () Addition
Name: ROBBINS, GERALD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

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

Title: DVP1 (X) Change () Addition
Name: AYUB, JORGE M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DT (X) Change () Addition
Name: SOKOL, GERALD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD CARADONNA, MD

DP

12/02/2009

Electronic Signature of Signing Officer or Director_____
Date