

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000110163

FILED
Jul 29, 2010
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: DP
Name: AYUB, JORGE M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DVP1
Name: SOKOL, GERALD M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DVP
Name: MALHOTRA, VIKAS M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DS
Name: LI, MARY M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: DT
Name: WRIGHT, GAIL M.D.
Address: 7154 MEDICAL CENTER DRIVE
City-St-Zip: SPRING HILL, FL 34608 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: JORGE AYUB, M.D.

DP

07/29/2010

Electronic Signature of Signing Officer or Director

Date