

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111826

FILED
Mar 17, 2005
Secretary of State

Entity Name: JUPITER HEMATOLOGY & ONCOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

505 S FLAGLER DR STE 1100
WEST PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 S FLAGLER DR STE 1100
WEST PALM BCH, FL 33401

New Mailing Address:

FEI Number: 20-0291694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, DAVID E
505 S FLAGLER DR STE 1100
WEST PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DR STE 1100
WEST PALM BCH, FL 33401 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: DAVID E. BOWERS, MANAGER

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAPIRO, HENRY J M D
Address: 8195 NATIVE DANCER E
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: REICH, ELIZABETH A M D
Address: 16970 WATERBEND DR #148
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: SANCHEZ, JUAN E M D
Address: 13132 COASTAL CIR
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY J. SHAPIRO, M.D.

D

03/17/2005

Electronic Signature of Signing Officer or Director

Date