## 2005 FOR PROFIT CORPORATION

## FILED $\mathbf{AM}$ e

ANNUAL REPORT					Jan 20, 2005 08:00			
DOCUMENT # P03000114226  1. Entity Name TAMPA BAY AREA CANCER CONSULTANTS, PA					Se	ecretar	y of Stat	
3850 TAMP/	e of Business A ROAD #2A OR, FL 34684	Mailing Address 3850 TAMPA ROAD #2A PALM HARBOR, FL 34684			!! <b>EK</b> TEE WITH <b>CU</b> IN <b>E</b> 470! <b>E</b> 47	ET TI <b>le</b> e ilen etele he	(8 11610 0X1001 IX 6001	
C	O NOT WRI	TE IN THIS SPA	CE	01112005 4. FEI Numb 56-240		CR2E034 (1		
3850 TAM PALM HAI	6. Name and Address of Cu 9S, D. ANDA MD PA ROAD #2A RBOR, FL 34684		IN .	NOT W THIS SF	ACE			
the obligat SIGNATURE_	Signature, typed or primad name of registered agent.  Signature, typed or primad name of registered agent.  E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$5	9. Election Campaign Fin.	red Agent signature required ancing \$5.	<u> </u>	in, in the State of Fig.	orida. I am famili	ar with, and accept	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS DR NORBERGS, D. ANDA MD 3850 TAMPA RŌAD #2A PALM HARBOR, FL 34684				U0000 01/24/05	0187277 -80006-01	4 150.00	
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12. Thereby 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 like empowered. d. Ger Mi

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

Date

Caylime Phone #