

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105872

1. Entity Name  
ONCOLOGY HEMATOLOGY ASSOCIATES, P.A.



Principal Place of Business  
401 MANATEE AVE. EAST  
BRADENTON, FL 34208

Mailing Address  
401 MANATEE AVE. EAST  
BRADENTON, FL 34208

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**



03102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1372985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NADIMINTI, YALLAPPA  
401 MANATEE AVE. EAST  
BRADENTON, FL 34208

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NADIMINTI, YALLAPPA  
401 MANATEE AVE. EAST  
BRADENTON, FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TELUKUNTLA, KOTESHWAR  
401 MANATEE AVE. EAST  
BRADENTON, FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

U00000715961  
04/28/07-80011-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: NADIMINTI 4/10/07 PH-748-2217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone