
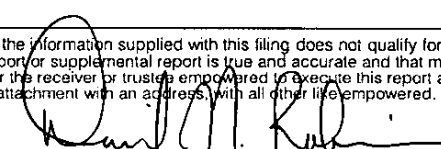


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90009 040 ***150.00

| | | | | | |
|--|-----------------------------------|---|--|--|--|
| DOCUMENT # P05000070549 1. Entity Name FLORIDA ONCOLOGY INSTITUTE, INC. | | | |  | |
| Principal Place of Business C/O WEBSTER CHAIRES & PARTNERS, P.L. 1936 LEE ROAD - SUITE 101 WINTER PARK, FL 32789 | | | Mailing Address C/O WEBSTER CHAIRES & PARTNERS, P.L. 1936 LEE ROAD - SUITE 101 WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 34-2046815 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| W&P SERVICES, INC. 1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ROBINSON, DAVID N | NAME | | | |
| STREET ADDRESS | 1936 LEE ROAD #101 | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  David N. Robinson 2/6/06 407 767-7062 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



**WEBSTER, CHAIRES
& PARTNERS, P.L.**

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

60014635

#05000070549

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

Dawn Bachan-Muckunlall
Paralegal

E-mail: dmuckunlall@wplawyers.com

February 9, 2006

Via Certified Mail - RRR
Uniform Business Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Florida Oncology Institute, Inc. / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #8219 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall
Paralegal

Enclosures