2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-25-2007 90185 037 ***150.00
P06000150830
FILED
07 MAY 10 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000150830

1. Entity Name
SURGICAL ONCOLOGY OF SOUTH PALM BEACH, P.A.

Principal Place of Business
875 MEADOWS ROAD, UNITS 331-332
BOCA RATON FL 33432

Mailing Address
875 MEADOWS ROAD, UNITS 331-332
BOCA RATON FL 33432

2. Principal Place of Business - No P.O. Box # 875 Meadows Road
Suite, Apt. #, etc. #331
City & State Boca Raton, Fl.
Zip 33486 Country Palm Beach

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-5997396 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE SUITE A
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D NAME PORTERFIELD, LEE STREET ADDRESS 875 MEADOWS ROAD, UNITS 331-332 CITY-ST-ZIP BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4-16-07 561-395-3344
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH OFFICER OR DIRECTOR Date Daytime Phone #