## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000008807

FILED Apr 25, 2009 Secretary of State

Entity Name: ONCOLOGY & HEMATOLOGY CONSULTANTS OF PALM BEACHES P.A.

Current Principal Place of Business: New Principal Place of Business:

3385 BURNS ROAD SUITE# 203 PALMBEACH GARDENS, FL 33410 12496 EQUINE LANE WELLINGTON, FL 33414

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**New Mailing Address:** 

12496 EQUINE LANE WELLINGTON, FL 33414

**Current Mailing Address:** 

FEI Number: 20-8278570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VATTINGUNTA, SUMITHRA 12496 EQUINE LANE WELLINGTON, FL 33414 US VATTIGUNTA, SUMITHRA 12496 EQUINE LANE WELLINGTON, FL 33414 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: SUMITHRA 04/25/2009

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: P ( ) Delete
Name: VATTIGUNTA, SUMITHRA
Address: 12496 EQUINE LANE

City-St-Zip:

VATTIGUNTA, SUMITHRA

12496 EQUINE LANE

WELLINGTON, FL 33414

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUMITHRA MD 04/25/2009