

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003716 (7)

1. Corporation Name

ENGLEWOOD ONCOLOGY, P.A.



Principal Place of Business

720 DOCTORS DRIVE
ENGLEWOOD FL 34223-3992

Mailing Address

720 DOCTORS DRIVE
ENGLEWOOD FL 34223-3992

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
65-0367072

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTER, ALAN H
720 DOCTORS DRIVE
ENGLEWOOD FL 34223-3992

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PORTER, ALAN H
STREET ADDRESS 720 DOCTORS DRIVE
CITY-STATE-ZIP ENGLEWOOD FL 34223-3992

TITLE D
NAME DICKENS, W J
STREET ADDRESS 720 DOCTORS DRIVE
CITY-STATE-ZIP ENGLEWOOD FL 34223-3992

TITLE D
NAME GOLDER, STEPHEN L
STREET ADDRESS 720 DOCTORS DRIVE
CITY-STATE-ZIP ENGLEWOOD FL 34223-3992

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

000001747710
-03/18/96--01109--004
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

1-941-924-8700

Daytime Phone #

CR2E034 (12/95)