## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPURI				Teb 07, 2005 00.00 A			
DOCUMENT # P92000003716					Sec	retary o	i State
1. Entity Nar	ne VOOD ONCOLOGY, P.A.						
LINGLEY	VOOD ONGOLOGI, I .A			}			
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720 DOCTO	ce of Business	Mailing Address 720 DOCTORS DRIVE	-				
	D, FL 34223-3992	ENGLEWOOD, FL 34223-399	2				
]	+						
				01262005 N	lo Chg-P	CR2E034 (10/03	n
r	OO NOT WRITE	IN THIS SPA	CE				·
				4. FEI Number 65-036707	2	<del></del>	Applied For Not Applicable
				5. Certificate of Sta	atus Desfred	□ \$8.75 A	
	6. Name and Address of Current R	egistered Agent				Lea ueda	
PORTER	ALAN H				grizosci (1990) Pilmini (1990)	orialm de la ma	
PORTER, ALAN H 720 DOCTORS DRIVE ENGLEWOOD, FL 34223-3992				DU N	OT WI		
				IN TH	IS SP	ACE	الرسيسية السيادة المراجعة الم
							www
	e named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or both, in	the State of Flori	da, i am familiar wit	h, and accept
the obliga	ations of registered agent.	***			-		
SIGNATURE	Signature, typod or printed name of registered agent and	d trite if applicable INOTE Registers	od Agent signature required	when reinstating)		DATE	<del></del>
		-			<del></del>		
FII. After M	LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	ncing <b>\$5.</b>	.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS					
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NAME STREET ADDRESS	PORTER, ALAN H 720 DOCTORS DRIVE						
CITY-ST-ZIP	ENGLEWOOD, FL 342233992	. <u> </u>	Aleteristical	international designation of the contract of t	UUUUUU 2708705	218629 80002-024 )	Cn no
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NAME STREET ADDRESS							* * * * * * * * * * * * * * * * * * * *
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	1222 (11278800000)	refreste Seattre (1800) in Supplementation	. 1.3 		
TITLE NAME					rend Laboration and Country of	** (M.A.)	er e egif å egi (j):
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DITY-ST-ZIP			- inalikasi ingg				
NAME				IN IF	IIS SP	AUE	
STREET ADDRESS						ta in it. Najnasa palasa	
TITLE	***			uliaka sepakasi s	ala agriculturi	diangse dietek	maini, d
NAME STREET ADDRESS							·
CITY-ST-ZIP							
TITLE						Marindon A.C.	
NAME STREET ADDRESS							
CITY-ST-ZIP					T		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 affact trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: