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Mar 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P93000005803 1. Entity Name FLORIDA PEDIATRIC HEMATOLOGY/ONCOLOGY, P.A. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4019 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624 | Mailing Address 4019 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;"></div> <div>02132006 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-3161163</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required</td></tr></table> | | 4. FEI Number 59-3161163 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-3161163 | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent TEBBI, CAMERON K 4019 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624 | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 10%;">D</td><td style="width: 80%;">NAME</td></tr><tr><td>NAME</td><td></td><td>TEBBI, CAMERON K</td></tr><tr><td>STREET ADDRESS</td><td></td><td>4019 CARROLLWOOD VILLAGE DR.</td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>TAMPA, FL 33624</td></tr><tr><td>TITLE</td><td></td><td>NAME</td></tr><tr><td>NAME</td><td></td><td>STREET ADDRESS</td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>NAME</td></tr><tr><td>NAME</td><td></td><td>STREET ADDRESS</td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>NAME</td></tr><tr><td>NAME</td><td></td><td>STREET ADDRESS</td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>NAME</td></tr><tr><td>NAME</td><td></td><td>STREET ADDRESS</td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr></table> | TITLE | D | NAME | NAME | | TEBBI, CAMERON K | STREET ADDRESS | | 4019 CARROLLWOOD VILLAGE DR. | CITY- ST- ZIP | | TAMPA, FL 33624 | TITLE | | NAME | NAME | | STREET ADDRESS | CITY- ST- ZIP | | | TITLE | | NAME | NAME | | STREET ADDRESS | CITY- ST- ZIP | | | TITLE | | NAME | NAME | | STREET ADDRESS | CITY- ST- ZIP | | | TITLE | | NAME | NAME | | STREET ADDRESS | CITY- ST- ZIP | | | <div>1000000481093 04/11/06-80018-014 150.00</div> DO NOT WRITE IN THIS SPACE |
| TITLE | D | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | TEBBI, CAMERON K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | 4019 CARROLLWOOD VILLAGE DR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | | TAMPA, FL 33624 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: <u>Cameron K. Tebbi</u> 03/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |