


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90013 036 ***150.00

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
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40038965

2. Principal Place of Business - No P.O. Box # 4019 Carrollwood Village Dr Suite, Apt. #, etc.	3. Mailing Address 4019 C'wood Village Dr Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Country USA
Zip 33618	Country USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3161163	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TEBBI, CAMERON K 4019 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TEBBI, CAMERON K 4019 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Cameron K. Tebbi **CAMERON K. TEBBI** 03/15/07 (813)870-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #