

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050513 (9)

1. Corporation Name:
INDIAN RIVER SURGICAL ONCOLOGY GROUP, P.A.

Principal Place of Business
C/O CITRUS MEDICAL PLAZA
923 37TH PLACE
VERO BEACH FL 32960
US

Mailing Address
823 37TH PL
P.O. BOX 1107
VERO BEACH FL 32961-1107
US

3. Date Incorporated or Qualified 07/14/1993	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0432090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 OAK POINT Suite, Apt. #, etc. 22 3770 7TH TERRACE City & State 23 VERO BEACH, FL Zip 24 32960 Country 25 US	2a. Mailing Address 26 3770 7TH TERR. Suite, Apt. #, etc. 27 PO BOX 1107 City & State 28 VERO BEACH, FL Zip 29 32961-1107 Country 30 US
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9. Name and Address of Current Registered Agent
ROSEMAN, JAMES M
923 37TH PLACE
P.O. BOX 1107
VERO BEACH FL 32961

10. Name and Address of New Registered Agent	
81 Name ROSEMAN, JAMES M.	85 Zip Code 32961
82 Street Address (P.O. Box Number is Not Acceptable) 3770 7TH TERRACE	
83 PO BOX 1107	
84 City VERO BEACH	85 FL

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 *James Roseman* James Roseman 01/08/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSEMAN, JAMES M
STREET ADDRESS	923 37TH PLACE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D ROSEMAN, JAMES M.
1.3 STREET ADDRESS	3770 7TH TERRACE
1.4 CITY-ST-ZIP	VERO BEACH, FL 32960
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a T address.

SIGNATURE: *James Roseman* James Roseman 01/08/97 561 562-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)