FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAR 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074350 (8)**

1. Corporation Name
FT. PIERCE ONCOLOGY ASSOCIATES, PA

Principal Place of Business
2171 SANDY DR.
STATE COLLEGE PA 16803

Mailing Address
2171 SANDY DR.
STATE COLLEGE PA 16803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1993**
3a. Date of Last Report: **02/09/1994**

4. FEI Number: ~~APPLIED FOR~~ **25-1727824** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: If changing Agent, signature required when mandated)
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	11 TITLE ☐ Change ☐ Addition
NAME	COLKITT, DOUGLAS	12 NAME
STREET ADDRESS	2171 SANDY DR	13 STREET ADDRESS
CITY-ST-ZIP	STATE COLLEGE PA 16803	14 CITY ST ZIP
TITLE	S/D	21 TITLE ☒ Change ☐ Addition
NAME	CARAUDN, RAYMOND	22 NAME S/D RAYMOND J. CARAVAN
STREET ADDRESS	2171 SANDY DR	23 STREET ADDRESS 2171 SANDY DRIVE
CITY ST ZIP	STATE COLLEGE PA 16803	24 CITY ST ZIP STATE COLLEGE, PA 16803
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME 900001439199
STREET ADDRESS		43 STREET ADDRESS -03/24/95--01071--001
CITY ST ZIP		44 CITY ST ZIP ****208.75 ***208.75
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME RC
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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)(i), Florida Statutes. Further I 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 above, or on an attachment with an asterisk.

SIGNATURE: _____ 3/6/95 814-258-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
RAYMOND J. CARAVAN