

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90234 035 ***550.00

DOCUMENT # D93000014413
1. Entity Name
Key West Oncology Associates, P.A.

Principal Place of Business **Mailing Address**
5900 College Road
Key West FLORIDA 33040

2. Principal Place of Business **3. Mailing Address**
5900 College Road SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Key West, Florida FL
Zip **Country** **Zip** **Country**
33040 USA 33040 USA

4. FEI Number **Applied For**
25-1739490 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0078316

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DOUGLAS R COLKITT, MD
9230 BLIND PASS ROAD
SARASOTA, FLORIDA 34242

7. Name and Address of New Registered Agent
Name DOUGLAS R COLKITT, MD
Street Address (P.O. Box Number is Not Acceptable)
9230 BLIND PASS ROAD
City SARASOTA **FL** **Zip Code** 34242

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.
SIGNATURE DOUGLAS R COLKITT, MD **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DOUGLAS R COLKITT, MD</u> <input type="checkbox"/> Delete <u>9230 BLIND PASS ROAD</u> <u>SARASOTA, FLORIDA 34242</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[SOLE DIRECTOR,</u> <u>OFFICER + SHAREHOLDER]</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.T, S.D.</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS R COLKITT, MD **Date** 9/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2034 (11/00)