Davtime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # **P93000088245** SARASOTA COUNTY ONCOLOGY - P.A. 02-09-2001 90228 041 ***150.00 Principal Place of Business Mailing Address 3663 BEE RIDGE ROAD 3663 BEE RIDGE ROAD SARASOTA FL 34233 SARASOTA FL 34233 714460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0455920 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTER, ALAN H Street Address (P.O. Box Number is Not Acceptable) 3663 BEE RIDGE ROAD SARASOTA FL 34233 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition ☐ Change PORTER, ALAN H NAME NAME STREET ADDRESS 3663 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DICKENS, W J NAME STREET ADDRESS 3663 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-7IP TITLE ___Delete TITLE ☐ Change ☐ Addition GOLDER, STEPHEN L NAME NAME STREET ADDRESS 3663 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITLE Delete TITLE ☐ Change 🚜 🛄 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.