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PROFIT CORPORATION ANNUAL REPORT AL 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90110 040 ***150.00

DOCUMENT # P94000015083

1. Corporation Name

ONCOLOGY HEALTH SERVICES, P.A.

Principal Place	of Business	Mailing Address	<u> </u>	SAL	Lu c.	7	Mycun	9 \$1 110 10(1) 010(1 8))(#8 () 44 (1	 	
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					33309		3. Date Incor 02/24/1	porated or Qua	lifed		
2 Principal Pia	ace of Business	2a. Mailing Address				-†	4. FEI Numb				Applied For
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Suite, Apt. 3	# etc	Suite, Apt. #, etc.				-†				\$8.75	Additional
22		27					5. Certifcate	of Status Desir	ed 🗆	Fee I	Required
City & State		City & State					6. Election C	ampaign Finan	cina —	\$5.0	0 May Be
23		28						Contribution			d to Fees
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24	25	29	30	•		ļ	-	Property Tax.		☐Yes	
	9. Name and Address of Current]50]	\top				d Address of N	lew Registe	red Agent	
	o, Hame and Places of Carren			81	Name						
LAPI	DUS, STEVEN B	•									
F	BRICKELL AVE.			82	Street A	ddres	s (P.O. Box Nu	ımber is Not Ad	ceptable)		
<u> </u>	II FL 33131			83							
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}	•			84	City			-		FL 85 Zi	p Code
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office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was	authoriza	ed by t	tne comor	corpora ration's	s board of dire	ctors. I hereby	accept the a	ppointment as	registered
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14. 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: