

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000015083****1. Entity Name**

ONCOLOGY HEALTH SERVICES, P.A.

Principal Place of Business9050 PINES BLVD.
SUITE 200
PEMBROKE PINES
33024

FL

Mailing AddressC/O BARRY S. TEPPERMAN
3511 W COMMERCIAL BLVD
FT LAUDERDALE
33308

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O BARRY S. TEPPERMAN

Suite, Apt. #, etc.
4904 HILDRETH LANE**City & State**City & State
STOCKTON

CA

Zip**Country****Zip****Country**

95212

US

4. FEI Number

65-0490776

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLAPIDUS STEVEN B
1221 BRICKELL AVE.MIAMI FL
33131 US**7. Name and Address of New Registered Agent****Name**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

02/16/2000

DATE

**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, 2000 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	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Delete
		BRIZEL HERBERT E	9050 PINES BLVD., SUITE 200	PEMBROKE PINES	FL	33024	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Delete
		WOOLFITT SANDRA	9050 PINES BLVD., SUITE 200	PEMBROKE PINES	FL	33024	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33302	<input type="checkbox"/> Delete
		TEPPERMAN BARRY S	3511 W COMMERCIAL BLVD #200	FT LAUDERDALE	FL	33302	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Delete
							<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Delete
							<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Delete
							<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/>	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/>	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33302	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		TEPPERMAN BARRY S	4904 HILDRETH LANE	STOCKTON	CA	95212	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/>	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/>	<input type="checkbox"/>

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/>	<input type="checkbox"/>

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:** Barry Steven Tepperman

D 02/16/2000