

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 001 ***150.00

DOCUMENT # **P94000015083** ✓

1. Entity Name

ONCOLOGY HEALTH SERVICES, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9050 PINES BLVD.

3. Mailing Address
11450 INTERCHANGE CIRCLE NORTH

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

City & State
MIRAMAR, FL

4. FEI Number
65-0490776

Applied For
Not Applicable

Zip
33024

Country

Zip
33025

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RONALD S. GELBER

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

11450 INTERCHANGE CIRCLE NORTH

City
MIRAMAR FL Zip Code
33025

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 *Ronald S. Gelber*

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
D
BARRY S TEPPERMAN
21390 JOHNSON ROAD
CLEMENS CA 95227

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANDRA WOOLFITT
9050 PINES BLVD., #200
PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERBERT E BRIZEL
9050 PINES BLVD., #200
PEMBROKE PINES, FL 3024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TREVOR SWERDLOW
9050 PINES BLVD., #200
PEMBROKE PINES, FL 33024

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/30/02 (954) 437-4600

Date

Daytime Phone #

CR2E034B (12/01)