

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90246 016 \*\*\*150.00

**DOCUMENT # P94000015083**

1. Entity Name  
**ONCOLOGY HEALTH SERVICES, P.A.**



Principal Place of Business  
**9050 PINES BLVD.  
SUITE 200  
PEMBROKE PINES FL 33024**

Mailing Address  
**11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR FL 33025  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0490776**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELBER, RONALD S  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR FL 33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEPPERMAN, BARRY S</b>	
STREET ADDRESS	<b>21390 JOHNSON ROAD</b>	
CITY-ST-ZIP	<b>CLEMENTS CA 95227</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOLFITT, SANDRA</b>	
STREET ADDRESS	<b>9050 PINES BLVD., SUITE 200</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Delete
NAME	<b>BRIZEL, HERBERT E</b>	
STREET ADDRESS	<b>9050 PINES BLVD., SUITE 200</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date **2/09/03**

Daytime Phone #

CR2E034 (10/02)