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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019925 (4)

1. Corporation Name

FLORIDA ONCOLOGY NETWORK, P.A.



Principal Place of Business

Mailing Address

2281 LEE ROAD
STE. 204
WINTER PARK FL 32789

2281 LEE ROAD
STE. 204
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1994

4. FEI Number

59-3236647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 114 Park Lake St.

2a. Mailing Address

26 P.O. Box 344

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32803

Country

25 USA

Zip

29 32802

Country

30 USA

9. Name and Address of Current Registered Agent

SOLLACCIO, ROBERT J MD
2281 LEE ROAD
STE. 204
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83 114 Park Lake Street

84 City

Orlando

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P SOLLACCIO, ROBERT J MD
2281 LEE RD., STE. 204
WINTER PARK FL 32789

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S KORCHAK, RONALD J MD
2281 LEE RD., STE. 204
WINTER PARK FL 32789

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP PIKOWSKI, MICHAEL MD
2281 LEE RD., STE. 204
WINTER PARK FL 32789

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP PURDON, ROBERT L MD
2281 LEE RD., STE. 204
WINTER PARK FL 32789

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP WEPPELMANN, BURKHARD MD
2281 LEE RD., STE. 204
WINTER PARK FL 32789

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
114 Park Lake Street
Orlando, FL 32803

Change

Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
Korchak, Ronald J MD
114 Park Lake St.
Orlando FL 32803

Change

Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
114 Park Lake Street
Orlando FL 32803

Change

Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
114 Park Lake Street
Orlando FL 32803

Change

Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
114 Park Lake Street
Orlando, FL 32803

Change

Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
VP
Sombeck, Michael MD
114 Park Lake Street
Orlando, FL 32803

Change

Addition

14. 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 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 changed, or on an attachment with an address.

SIGNATURE

Robert J.

1/11/98 (407) 872-7791

CR2E034 (10/97)