

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90127 008 \*\*\*158.75

0061731

**DOCUMENT # P94000019925**  
 1. Entity Name  
**FLORIDA ONCOLOGY NETWORK, P.A.**

Principal Place of Business <b>114 PARK LAKE ST ORLANDO FL 32803 US</b>	Mailing Address <b>P.O. BOX 344 ORLANDO FL 32802 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3236647</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="radio"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**SOLLACCIO, ROBERT J MD**  
**114 PARK LAKE STREET**  
**ORLANDO FL 32803**

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

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, 2001 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 <b>P</b>	<input type="checkbox"/> Delete <b>SOLLACCIO, ROBERT J MD</b> 114 PARK LAKE ST ORLANDO FL 32803
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>KROCHAK, RONALD J MD</b> 114 PARK LAKE ST ORLANDO FL 32803
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>PIRKOWSKI, MICHAEL MD</b> 114 PARK LAKE STREET ORLANDO FL 32803
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>PURDON, ROBERT L MD</b> 114 PARK LAKE STREET ORLANDO FL 32803
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>WEPPELMANN, BURKHARD MD</b> 114 PARK LAKE STREET ORLANDO FL 32803
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>SOMBECK, MICHAEL M</b> 114 PARK LAKE STREET ORLANDO FL 32803

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Graham, Gary R.</b> 680 Peachwood Drive Deland, FL 32720
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/2001** **4078727786**  
 Date Daytime Phone #

CR2E034 (10/00)