

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

**114 PARK LAKE ST
 ORLANDO FL 32803
 US**

Mailing Address

**P.O. BOX 344
 ORLANDO FL 32802
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3236647**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham, Gary R.	
STREET ADDRESS	680 Peachwood Drive	
CITY-ST-ZIP	Deland, FL 32720	
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		

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

Date

4078727786

Daytime Phone #

CR2E034 (10/00)