## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000019925

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Entity Name: FLORIDA ONCOLOGY NETWORK, P.A.

## FILED Mar 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 114 PARK LAKE ST US ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** P.O. BOX 344 114 PARK LAKE STR ORLANDO, FL 32802 US ORLANDO, FL 32803 US FEI Number: 59-3236647 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLLACCIO, ROBERT J MD 114 PARK LÄKE STREET ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SOLLACCIO, ROBERT J MD Name: Name: 114 PARK LAKE ST Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: Title: () Delete () Change () Addition KROCHAK, RONALD J MD Name: Name: Address: Address: 114 PARK LAKE ST ORLANDO, FL 32803 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition PIRKOWSKI, MICHAEL MD Name: Name: 114 PARK LAKE STREET Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PURDON, ROBERT L MD Name: Name: Address: 114 PARK LAKE STREET Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ROBERT J SOLLACCIO P 03/22/2004

() Delete

() Delete

WEPPELMANN, BURKHARD MD

114 PARK LAKE STREET

ORLANDO, FL 32803

SOMBECK, MICHAEL M

ORLANDO, FL 32803

114 PARK LAKE STREET

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DIAMOND, DAVID - V 114 PARK LAKE STR ORLANDO, FL 32803

SAUNDERS, ERIC - V 114 PARK LAKE STR ORLANDO, FL 32803

GRAHAM, GARY - V 114 PARK LAKE STR ORLANDO, FL 32803