

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019925

FILED  
Apr 16, 2012  
Secretary of State

Entity Name: FLORIDA ONCOLOGY NETWORK, P.A.

## Current Principal Place of Business:

114 PARK LAKE ST  
ORLANDO, FL 32803 US

## New Principal Place of Business:

2501 N ORANGE AVENUE  
SUITE 181  
ORLANDO, FL 32804 US

## Current Mailing Address:

114 PARK LAKE STR  
ORLANDO, FL 32803 US

## New Mailing Address:

PO BOX 1031  
ORLANDO, FL 32802-103 US

FEI Number: 59-3236647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLLACCIO, ROBERT J MD  
114 PARK LAKE STREET  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

SOLLACCIO, ROBERT J MD  
2501 N ORANGE AVENUE  
SUITE 181  
ORLANDO, FL 32804 US

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:

04/16/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SOLLACCIO, ROBERT J MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

Title: VP/S  
Name: KROCHAK, RONALD J MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: GRAHAM, GARY R MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: DIAMOND, DAVID A MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: PURDON, ROBERT L MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: SOMBECK, MICHAEL D MD  
Address: 2501 N ORANGE AVENUE, SUITE 181  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J SOLLACIO, MD

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date