FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000024837 (4)

1. Corporation Name

FLORIDA ONCOLOGY CENTER, INC.

Principal Place of Business
1561 W. FAIRBANKS AVE.
WINTER PARK FL 32789

Mailing Address
1561 W. FAIRBANKS AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3232990 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PANICO, JAMES P ESQ.
111 S. MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _______________ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLINK, HERMAN M M.D		1.2 NAME		
STREET ADDRESS	6454 DORA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PINO-TORRES, JOSE L M.D.		2.2 NAME	PINO Y TORRES, JOSE L M.D.	
STREET ADDRESS	702 FAIROAKS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GERSTLEY, JAMES K M.D.		3.2 NAME		
STREET ADDRESS	1906 WINGFIELD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, JOHN A M.D		4.2 NAME		
STREET ADDRESS	2265 SPRING LANDING BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Herman M. Flink, MD 1/30/96 (407)628-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)