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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32789-4601



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

02/19/1996

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

PANCO, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLINK, HERMAN M M.D.	
STREET ADDRESS	6454 DORA DRIVE	
CITY - ST - ZIP	MT. DORA FL 32757	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PINOY TORRES, JOSE L. M.D.	
STREET ADDRESS	702 FAIROAKS LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERSTLEY, JAMES K M.D.	
STREET ADDRESS	1908 WINGFIELD DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURNETT, JOHN A M.D.	
STREET ADDRESS	2265 SPRING LANDING BLVD.	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE L. PINO y TORRES, M.D.	
1.3 STREET ADDRESS	702 Fair Oaks Avenue	
1.4 CITY - ST - ZIP	Maitland, Florida 32751	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John A. Burnett, M.D.	
2.3 STREET ADDRESS	2265 Springs Landing Boulevard	
2.4 CITY - ST - ZIP	Longwood, Florida 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

SIGNATURE REQUIRED

4 February 1997 (407) 628-0991

Jose L. Pino y Torres, M.D., President

Date

Daytime Phone #

CR2E034 (9/96)