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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

59-3232990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Albert Capouano

82 Street Address (P.O. Box Number is Not Acceptable)

800 N. Magnolia Ave., Suite 1500

83

84 City

Orlando

FL

85 Zip Code

32803

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

Albert D. Capouano

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

(NOTE: Registered Agent signature required when reinstating)

2/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOSE L PINO Y TORRES MD
STREET ADDRESS 702 FAIR OAKS AVE
CITY-ST-ZIP MAITLAND FL ☒ DELETE

TITLE VP
NAME JOHN A BURNETT MD
STREET ADDRESS 2265 SPRINGS LANDING BLVD
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE S
NAME GERSTLEY, JAMES K M.D.
STREET ADDRESS 1806 WINGFIELD DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☒ DELETE

TITLE T
NAME BURNETT, JOHN A M.D.
STREET ADDRESS 2265 SPRING LANDING BLVD.
CITY-ST-ZIP LONGWOOD FL 32779 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Jose Luis Pino y Torres
1.3 STREET ADDRESS 702 Fair Oaks Lane
1.4 CITY-ST-ZIP Maitland, Florida 32751 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E034 (10/97)