2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 29, 2000 8:00 am Secretary of State DOCUMENT # P94000024837 FLORIDA ONCOLOGY CENTER, INC. 08-29-2000 90003 001 ***150.00 Principal Place of Business Mailing Address 215 QUAYSIDE CIR 1561 W. FAIRBANKS AVE. WINTER PARK FL 32789 MAITLAND FL 32751 N0082084 2. Principal Place of Business 3. Mailing Address ide Cir. 5 QU ouite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3232990 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered A CAPOLIANO, ALBERT Street Address (P.O. Box Number is Not Acceptable) 800 N MAGNOLIA AVE STE 1500 ORLANDO FL 32803 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE JOSE L PINO Y TORRES MD NAME 702 FAIR OAKS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY=ST-ZIP-☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # AHACHMENT DOCH: P9400024831 DOUR 2084 DA ONCOLOGY CENTER, INC.

FLORIDA ONCOLOGY CENTER,

215 QUAYSIDE CIRCLE MAITLAND, FLORIDA 32751 ph: (407)629-6397 fx: (407)629-5979

August 23, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

-RE:

Uniform Business Report —

Florida Oncology Center, Inc.

59-3232990 EIN:

To Whom It May Concern:

Enclosed is a 2000 Uniform Business Report (UBR) for Florida Oncology Center, Inc., and a check for \$150.00 in payment of the annual filling fee. I did not receive the original UBR on behalf of the company. The first Report I received was the Second Notice. We have recently changed locations and this may have been a cause for this error. I receive mail at the old location and the tenents there do not do a good job filtering through mail that may pertain to my business purposes versus what is trash.

The report has a different address for principal place of business and for the mailing address. These two should be identical:

215 Quayside Circle Maitland, Florida 32751

I recently receive the second notice from their offices and assume that the first notice probably was mailed to them also.

Please waive the late filing fee that would otherwise be due.

Should you have any questions, please do not hesitate to contact me at 407-629-6397.

Thank you,

Maria Luisa Pino, CPA

Administrator

encl.