

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Caroline B. McMath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026683 (0)

1. Corporation Name

FLORIDA ONCOLOGY, P.A.

Principal Place of Business

P O BOX 1147
MELBOURNE FL 32902-1147

Mailing Address

P O BOX 1147
MELBOURNE FL 32902-1147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59 325 4229

Applied For

Not Applicable

State App # etc

22

State App # etc

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.01,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A
1825 S RIVERVIEW
MELBOURNE FL 32901

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 607.01(3) and 607.15(2)(b), 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, am familiar with and accept the obligations of Sections 607.01(3), Florida Statutes.

SIGNATURE

Signature of the person who has been appointed as registered agent

Signature of the person who has been appointed as registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. TITLE	D
2. NAME	JACKSON, DOUGLAS L
3. STREET ADDRESS	P O BOX 1147 N/A
4. CITY & STATE	MELBOURNE FL 32902-1147
5. TITLE	D
6. NAME	GRISSELL, DAVID L
7. STREET ADDRESS	P O BOX 1147 N/A
8. CITY & STATE	MELBOURNE FL 32902-1147
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

1. TITLE		☐ Change ☐ Add
2. NAME		
3. STREET ADDRESS		
4. CITY & STATE		
5. TITLE		☐ Change ☐ Add
6. NAME		
7. STREET ADDRESS		
8. CITY & STATE		
9. TITLE		☐ Change ☐ Add
10. NAME		
11. STREET ADDRESS		
12. CITY & STATE		
13. TITLE		☐ Change ☐ Add
14. NAME		
15. STREET ADDRESS		
16. CITY & STATE		
17. TITLE		☐ Change ☐ Add
18. NAME		
19. STREET ADDRESS		
20. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption signed in Section 199.01(3)(b), 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95

407676 7179

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candace S. Matheson
Secretary of State
JANUARY 15 OF 1996 (DATE RECEIVED)

**APPROVED
AND
FILED**

05 MAY 19 10 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027288 (7)

1. Incorporation Number

PROMEBIL TECHNOLOGIES, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or re-incorporated **04/11/1994** 3a. Date of Last Report

4. FIC Number **65-0486371** 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. 190.032? ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. State App. # 26. Suite, Apt. # etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

Principal Place of Business Mailing Address
**1765 N.W. 56 TERRACE
LAUDERHILL FL 33313** **1765 N.W. 56 TERRACE
LAUDERHILL FL 33313**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABGA, SHAWN P
1765 N.W. 56 TERRACE
LAUDERHILL FL 33313**

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 607.0507 and 607.1505, 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 of Registered Agent, Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY, ST, ZIP
1. D **SABGA, SHAWN P** **1765 N.W. 56 TERRACE** **LAUDERHILL FL 33313**
2. NAME STREET ADDRESS CITY, ST, ZIP
3. NAME STREET ADDRESS CITY, ST, ZIP
4. NAME STREET ADDRESS CITY, ST, ZIP
5. NAME STREET ADDRESS CITY, ST, ZIP
6. NAME STREET ADDRESS CITY, ST, ZIP
7. NAME STREET ADDRESS CITY, ST, ZIP
8. NAME STREET ADDRESS CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP ☐ Change ☐ Addition
5. NAME 6. STREET ADDRESS 7. CITY, ST, ZIP ☐ Change ☐ Addition
8. NAME 9. STREET ADDRESS 10. CITY, ST, ZIP ☐ Change ☐ Addition
11. NAME 12. STREET ADDRESS 13. CITY, ST, ZIP ☐ Change ☐ Addition
14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP ☐ Change ☐ Addition
17. NAME 18. STREET ADDRESS 19. CITY, ST, ZIP ☐ Change ☐ Addition
20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Section 190.032, Florida Statutes. I further certify that the information included in 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 transfer agent named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

SHAWN P SABGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (300) 340 5120