FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030464 (9)

1. Corporate Name
DAYTONA ONCOLOGY PHYSICIANS, INC.

Principal Place of Business
1620 MASON AVE.
DAYTONA BEACH FL

Mailing Address
1620 MASON AVE.
DAYTONA BEACH FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1430 Mason Avenue	26 1430 Mason Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Daytona Beach, FL 32117	City & State 28 Daytona Beach, FL 32117
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:
4. FEI Number: 59/3237757 [ ] 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
PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491

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 607.0505 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

12. OFFICERS AND DIRECTORS
TITLE D-
NAME ORTOLANI, JOHN A
STREET ADDRESS 1430 MASON AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D/P/S/T [ ] Change [X] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and 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] 5/4/95 (904) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Ortolani, Director, President, Secretary, Treasurer

0011658 CP