## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 31 1997 8:00am Secretary of State

DOCUMENT # P94000030464 (9)

DAYTONA ONCOLOGY PHYSICIANS, INC. Principal Place of Business Mailing Address 1430 MASON AVE. 1430 MASON AVE. DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117-4551 -3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1994 07/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3237757 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32115-2491 83 84 City 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: 199 cm or printed runner of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1016 DPST 1.1 TITLE Change Addition ORTOLANI, JOHN A NAMO 1.2 NAME 1430 MASON AVE. STREET ADDRESS 1.3 STREET ADORESS DAYTONA BEACH FL CHTY - ST - ZIF 1.4 CITY-ST-ZIP DELETE 1011. 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS : 4 B. 48.3 CHTY - ST - ZIP 2 4 CITY-ST-ZIP DELETE THUE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 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 path; 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

C(TY-\$1-2)6

STREET ADORESS

STREET ADDRESS

CITY - \$1 - ZIP

TITLE

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Date Daytime Phone #

Change

Change

Addition

Addition

R2F034 (9/96)