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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000068556 (7)**

1. Corporation Name

ONCOLOGY THERAPIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
777 S FLAGLER DR PHILLIPS POINT SUITE 1000 WEST PALM BEACH FL 33402	777 S FLAGLER DR PHILLIPS POINT SUITE 1000 WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: **09/16/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **777 S. Flagler Drive**
Suite, Apt. #, etc.
22 **Suite 1000E**
City & State
23 **West Palm Beach, FL**
Zip 24 **33401** Country 25

2a. Mailing Address
26 **777 S. Flagler Drive**
Suite, Apt. #, etc.
27 **Suite 1000E**
City & State
28 **West Palm Beach, FL**
Zip 29 **33401** Country 30

4. FEI Number: **65-0539879** ☐ 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

HUNT, THOMAS P
777 S FLAGLER DR
PHILLIPS POINT SUITE 500
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83
84 City: **Plantation** **FL** 85 Zip Code: **33324**

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] EDWARD GWALDALA Assistant Vice President DATE: 4/24/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GOSMAN, ABRAHAM 513 N COUNTY RD W PALM BEACH FL 33480	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Abraham D. Gosman 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOSMAN, MICHAEL 197 1ST AVE NEEDHAM MA 02194	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Robert A. Miller 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOSMAN, ANDREW 197 1ST AVE NEEDHAM MA 02194	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Frederick R. Leathers 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MANN, RICHARD S 197 1ST AVE NEEDHAM MA 02194	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Denise Schumann 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEATHERS, FREDERICK R 197 FIRST AVE NEEDHAM MA 02194	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700001848807 -06/03/96--01074--043 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 4/29/96 407-655-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Denise L. Schumann, Secretary CS 5/1/96