

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90049 027 \*\*\*150.00

**A0057503**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P94000068556 (7)

**1. Entity Name**  
 ONCOLOGY THERAPIES OF AMERICA, INC.

**Principal Place of Business** 10 DORRANCE STREET, STE 400  
 PROVIDENCE, RI 02903

**Mailing Address** 10 DORRANCE STREET, STE 400  
 PROVIDENCE, RI 02903

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
 65-0539878

**Applied For**  
 Not Applicable

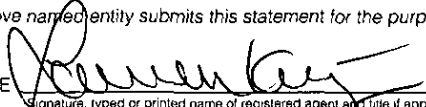
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name** CT Corporation System  
**Street Address (P.O. Box Number is Not Acceptable)** 1200 S. Pine Island Road  
**City** Plantation **FL** **Zip Code** 33324

**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.

**LAUREN H. KREATZ,**  
**SPECIAL ASSISTANT SECRETARY**  
 (NOTE: Registered Agent signature required when changing agent)

**4/11/00**  
 DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P/D/CEO ☐ Delete  
**NAME** HEFFERNAN, MICHAEL T.  
**STREET ADDRESS** 10 DORRANCE STREET, STE 400  
**CITY-ST-ZIP** PROVIDENCE, RI 02903

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Treas/CFO ☐ Delete  
**NAME** GILLHEENEY, GARY S.  
**STREET ADDRESS** 10 DORRANCE STREET, STE 400  
**CITY-ST-ZIP** PROVIDENCE, RI 02903

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Secy/VP ☐ Delete  
**NAME** BARRETT, VERONICA A.  
**STREET ADDRESS** 10 DORRANCE STREET, STE 400  
**CITY-ST-ZIP** PROVIDENCE, RI 02903

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP/COO ☐ Delete  
**NAME** John Wardle  
**STREET ADDRESS** 10 DORRANCE ST., STE 400  
**CITY-ST-ZIP** Providence RI 02903

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

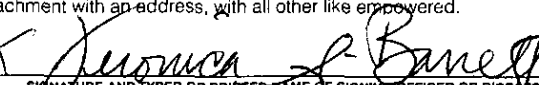
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**NAME**  
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**CITY-ST-ZIP**

**13. 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Veronica A. Barrett**  
**4/10/00** **401-868-6672**  
 Date Daytime Phone #

CR2E034 (9/99)