


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State


DOCUMENT # P94000070034 1. Entity Name CLEARWATER HEMATOLOGY ONCOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 303 PINELLAS STREET SUITE 330 CLEARWATER, FL 33756 US	Mailing Address 303 PINELLAS STREET SUITE 330 CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER, FL 33756**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3268605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Alan S. Gassman* DATE: 1/5/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, HITESH 2427 KENT PLACE CLEARWATER, FL 33764
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan S. Gassman* DATE: 1/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #