


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000088363**

1. Entity Name  
**HEMATOLOGY ONCOLOGY ASSOCIATES OF THE PALM BEACHES, P.A.**



|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4685 S CONGRESS AVE<br/>SUITE 200<br/>LAKE WORTH, FL 33461</b> | Mailing Address<br><b>4685 S CONGRESS AVE<br/>SUITE 200<br/>LAKE WORTH, FL 33461</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|



03242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0539792</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**SIRPAL, SURENDRA K  
4685 S CONGRESS AVE  
SUITE 200  
LAKE WORTH, FL 33461**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restraining) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

00000503760  
04/26/06-80045-013 150.00

10. OFFICERS AND DIRECTORS

|                                                |                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JRVP<br>GARCIA, EDUARDO<br>4685 S CONGRESS AVE., SUITE 200<br>LAKE WORTH, FL 33461       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JRVP<br>STERNHEIM, WILLIAM<br>4685 S CONGRESS AVE., SUITE 200<br>LAKE WORTH, FL 33461    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JRVP<br>THENAPPAN, ARUNCHALAM<br>4685 S CONGRESS AVE., SUITE 200<br>LAKE WORTH, FL 33461 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SIRPAL, SURENDRA K<br>4685 S CONGRESS AVE STE 200<br>LAKE WORTH, FL 33461           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SURENDRA K SIRPAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_