

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000088363

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



Principal Place of Business
**4685 S CONGRESS AVE
SUITE 200
LAKE WORTH, FL 33461**

Mailing Address
**4685 S CONGRESS AVE
SUITE 200
LAKE WORTH, FL 33461**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0539792** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000600212
01/25/07-80058-018 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____