

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088363

FILED  
Apr 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3450 LANTANA ROAD  
SUITE 100  
LAKE WORTH, FL 334621329

**New Principal Place of Business:**

**Current Mailing Address:**

3450 LANTANA ROAD  
SUITE 100  
LAKE WORTH, FL 334621329

**New Mailing Address:**

**FEI Number:** 65-0539792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STERNHEIM, WILLIAM L  
3450 LANTANA ROAD  
SUITE 100  
LAKE WORTH, FL 334621329 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: GARCIA, EDUARDO A  
Address: 3450 LANTANA ROAD, SUITE 100  
City-St-Zip: LAKE WORTH, FL 334621329

Title: PD  
Name: STERNHEIM, WILLIAM L  
Address: 3450 LANTANA ROAD, SUITE 100  
City-St-Zip: LAKE WORTH, FL 334621329

Title: VPD  
Name: THENAPPAN, ARUNCHALAM  
Address: 3450 LANTANA ROAD, SUITE 100  
City-St-Zip: LAKE WORTH, FL 334621329

Title: VPD  
Name: CALDERA, HUMBERTO J  
Address: 3450 LANTANA ROAD, SUITE 100  
City-St-Zip: LAKE WORTH, FL 334621329

Title: VPD  
Name: ARANEO, MIGUEL  
Address: 3450 LANTANA ROAD, SUITE 100  
City-St-Zip: LAKE WORTH, FL 334621329

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM L. STERNHEIM

PD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date