FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027656

1. Corporation Name

ONCOLOGY PARTNERS, INC.

						OLIO HANDI PERIE AL	TEL ETHIS SILL ISEL	
Principal Place of Business Mailing Address								
777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE					İ			
SUITE 1000 SUITE 1000					DO NOT WRITE IN T	DO NOT WESTERN THIS SPACE		
W PALM BEACH FL 33401 W PALM BEACH FL 33401					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					04/06/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
26 197 15+		Ave		04-3308203		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			.,			\$8.75	Additional	
27					5. Certifcate of Status Desired	Fee	Required	
City & State City & State			. A	6. Election Campaign Financing	\$5.0	0 May Be		
		28 reedhow MA		Trust Fund Contribution Added to Fees				
Zip	Country Zip Co		Country		8. This corporation owes the current year Intangible			
24	25 29 n 21 a 30		0		Personal Property Tax. Yes No		□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent		
			81	Name				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Add	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			-					
FLA	11A11011 I L 33324		83					
			84	City		. 85 Zi	p Code	
				-	-	<u>- [" </u>		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	,	gotta board of directors, Frioreby decept the op	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, R	egistered Agen	t signature requir	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D DELETE 1.		1,1 TITLE			☐ Chang	e	
NAME			1.2 NAME					
STREET ADDRESS	REET ADDRESS 777 SOUTH FLAGLER DRIVE STE 1000E		1.3 STREET	ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL 33401	4	1.4 CITY-S	T-ZIP				
TITLE	P DELETE 21		2.1 TITLE			Chang	e	
NAME	MILLER, ROBERT A 22		2.2 NAME					
land a company of the			2.3 STREET	TADDRESS				
CITY-ST-ZIP	W DALLA DESCRIPTION		2. 4 CITY-S					
TITLE			3.1 TITLE			☐ Chang	e Addition	
NAME			3.2 NAME					
	THE COUNTY OF A CUED DOUG CTE 4000E		3.3 STREET	TADORESS				
STREET ADDRESS	1 1111 1111 1111 1111 1111		3.4 CITY-S	j				
CITY-ST-ZIP			4.1 TITLE	zi - All'		Chang	e Addition	
1	SCHUMANN. DENISE	□ 5555.5	4. 2 NAME					
NAME				f ADDRESS				
STREET ADDRESS		IE IUUUE						
CITY-ST-ZIP	W PALM BEACH FL 33401	□ DELETE	4.4 CITY-S	1-ZP		☐ Chang	e Addition	
TITLE		☐ DETE IE	5.1 TITLE 5.2 NAME					
NAME .				T ADDDECC				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	i-ZIP			e	
TITLE			6.1 TITLE	1		Chang	E Magiston	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

F SIGNING OFFICER OR DIRECTOR

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90171 037 ***150.00