SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 27 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050706 (7)

1. Corporation Name

HEMATOLOGY-ONCOLOGY INFUSION SERVICES, INC.

Principal Place of Business	Mailing Address
3840 BROADWAY FT MYERS FL 33901-8108	3840 BROADWAY FT MYERS FL 33901-8108

3. Date Incorporated or Qualified: 06/27/1995
3a. Date of Last Report:
4. FEI Number: 58-2170810 (Applied For / Not Applicable)
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21 Street, Apt. #, etc.
22
23 City & State
24 Zip / 25 Country

2a. Mailing Address
26 1450 South Johnson Ferry Rd
27 Suite, Apt. #, etc.
28 City & State: Atlanta, GA
29 Zip: 30319 / 30 Country: USA

9. Name and Address of Current Registered Agent

HARWIN, BILL
3840 BROADWAY
FT MYERS FL 33901-8108

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City / 84 FL / 85 Zip Code

500001975005--3
-10/15/96--01193--015
****225.00 ****225.00

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 am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S) — Typed or Printed Name of Individual Signing — (If applicable) (NOTE: Registered Agent's signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	~~Lowell Lamont~~
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10/14/96

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Lowell Lamont Hart	
1.3 STREET ADDRESS	3840 Broadway	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33901-8108	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Mark Stephen Rubin	
2.3 STREET ADDRESS	450 East 63RD #4D	
3.1 TITLE	Chairman / President	☐ Change ☒ Addition
3.2 NAME	William Harwin	
3.3 STREET ADDRESS	3840 Broadway	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33901-8108	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Thomas Edgar Teufel	
4.3 STREET ADDRESS	3840 Broadway	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33901-8108	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	James Andrew Reeves, JR.	
5.3 STREET ADDRESS	3840 Broadway	
5.4 CITY-ST-ZIP	Ft. Myers, FL 33901-8108	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

8/07/96