FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000088606 (5)**

1. Corporation Name

~~SOUTH FLORIDA ONCOLOGY HEMATOLOGY ASSOCIATES, P.~~
A ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.

N/C 12-29-95
SC

Principal Place of Business	Mailing Address
8940 N. KENDALL DRIVE SUITE 300-E. EAST TOWER MIAMI 33 176	8940 N. KENDALL DRIVE SUITE 300-E. EAST TOWER MIAMI 33 176

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0620861 ☐ 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

9. Name and Address of Current Registered Agent

CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mailed or hand-carried)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	900001776159 ge ☐ Addition
NAME	KALMAN, LEONARD	1.2 NAME	-04/11/96--01022--019
STREET ADDRESS	8940 N. KENDALL DR. #300-E EAST TOWER	1.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	P/D ☐ Change ☒ Addition
NAME		2.2 NAME	LIEBLING, MARTIN
STREET ADDRESS		2.3 STREET ADDRESS	8940 N. KENDALL DR., #300E EAST TOWER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ DELETE	3.1 TITLE	V/D ☐ Change ☒ Addition
NAME		3.2 NAME	FENBERG, ALAN
STREET ADDRESS		3.3 STREET ADDRESS	8940 N. KENDALL DR., #300E EAST TOWER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ DELETE	4.1 TITLE	S/D ☐ Change ☒ Addition
NAME		4.2 NAME	WALLACH, HOWARD
STREET ADDRESS		4.3 STREET ADDRESS	8940 N. KENDALL DR., #300-E EAST TOWER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ DELETE	5.1 TITLE	T/D ☐ Change ☒ Addition
NAME		5.2 NAME	CITRON, PETER
STREET ADDRESS		5.3 STREET ADDRESS	8940 N. KENDALL DR., #300-E EAST TOWER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	LARCADA, ALBERTO
STREET ADDRESS		6.3 STREET ADDRESS	8940 N. KENDALL DR., #300-E EAST TOWER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33176

CR2E034 (12/95)

14. I do 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)(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 on an attachment with an address.

SIGNATURE: [signature] MD Pres. Elect 2/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #