

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90032 016 ***150.00

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1. Corporation Name

ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.

Principal Place of Business

8940 N. KENDALL DRIVE
SUITE 300-E. EAST TOWER
MIAMI 33 176

Mailing Address

8940 N. KENDALL DRIVE
SUITE 300-E. EAST TOWER
MIAMI 33 176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1995

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME KALMAN, LEONARD
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME LIEBLING, MARTIN
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL 33176

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME FEINBERG, ALAN
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL 33176

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME WALLACH, HOWARD
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME CITRON, PETER
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL 33176

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE DV
NAME LARCADA, ALBERTO
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/1/98)