P95000088606

. (Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



500112262845

11/26/07--01016--019 **35.00

FILED

07 NOV 26 AM 9: 18

SECRETARY OF STATE
AND AHASSES FLORIDA

m. 1.29

COVER LETTER

TO: Ame Divis	ndment Section sion of Corporations	•
SUBJECT: <u> </u>	Oncology Hematology Group of Sou (Name of Corpo	th Florida, P.A.
DOCUMEN	T NUMBER: P95000088606	
	Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return	all correspondence concerning this matter to t	he following:
	Charles Gamble, Paralegal	
	(Name of Contact	Person)
	K&L Gates	
	. (Firm/Compa	iny)
	200 South Biscayne Blvd., 20th Flo	
	(Address)	
	Miami, Florida 33131	
_	(City/State and Z	rp Code)
For further in	iformation concerning this matter, please call:	
Charles Gan	(Name of Contact Person)	(305) 539-3307 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departmen	t of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
-	the corporation; Oncology Hematology Group of South Florida, P.A.
	office address: 9350 S.W. 72nd Street, Suite 200, Miami, Florida 33173
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/20/1995 Document number: P95000088606
	d street address of the current registered agent and registered office on file with the rtment of State:
	William J. Spratt, Jr.
	William J. Spratt, Jr. 201 S. Biscayne Blvd., 20th Floor
	Miami, Florida 33131
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office a
	William J. Spratt, Jr.
	200 South Biscayne Blvd., 20th Floor
·	(P.O. Box NOT acceptable) Miami, Florida 33131
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Leonard Kalman, M.D. (Printed or typed name and title)
I hereby accept	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed to be a change.
(N)	man 11/19/07
If signing on be	regrature of Registered Agent) (Datu)
Č	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *