


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000005938 1. Entity Name CHILDREN'S HEMATOLOGY & ONCOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 5325 GREENWOOD AVENUE SUITE 306 W. PALM BEACH, FL 33407	Mailing Address 5325 GREENWOOD AVENUE SUITE 306 W. PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0643075	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOWDA, NARAYANA M.D.
5325 GREENWOOD AVE.
SUITE 306
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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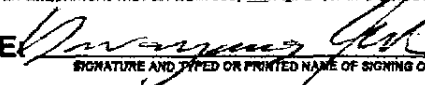
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOWDA, NARAYANA 5325 GREENWOOD AVE., STE 306 WEST PALM BEACH, FL 33407
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Narayana Gowda, MD** 2/1/06 561-844-6363

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