Mailing Address

1609 PASADENA AVE S. SUITE 2E

PASADENA PROFESSIONAL BLDG

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1609 PASADENA AVE S. SUITE 2E

PASADENA PROFESSIONAL BLDG



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90010 045 \*\*\*550.00

| DOCUMENT # | P96000019567 |
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PINELLAS HEMATOLOGY & ONCOLOGY, P.A.

| Suite, Apt. #, etc.  21   20   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  24   Suite, Apt. #, etc.  25   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Coy & State  21   Coy & State  22   County  23   Suite, Apt. #, etc.  25   County  26   County  27   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  21   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  21   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  24   Suite, Apt. #, etc.  25   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  21   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  24   Suite, Apt. #, etc.  25   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  21   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  24   Suite, Apt. #, etc.  25   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  20   Suite, Apt. #, etc.  21   Suite, Apt. #, etc.  22   Suite, Apt. #, etc.  23   Suite, Apt. #, etc.  24   Suite, Apt. #, etc.  25   Suite, Apt. #, etc.  26   Suite, Apt. #, etc.  27   Suite, Apt. #, etc.  28   Suite, Apt. #, etc.  29   Suite, Apt. #, e | "21" BE LENSRO                                     | HG FL:33707==   | ST PETERSBURG FL   | 33/0/          |  |                              | L            | DO NOT WRITE IN THIS                            | SPACE                  |  |  |
|--|--|---|--|----------------|--|------------------------------|--------------|---|------------------------|--|--|
| 2. Mailing Address   2. Mailing Address   3. Mailing Address   5. Section   5. Sect |  |   |  |                |  |                              |              |   |                        |  |  |
| Sulfa, Apt. 6, etc.    Sulfa, Apt. 6, etc.   | . <u></u>  |   |  |                |  |                              |              |   |                        |  |  |
| Sulte, Apt. 8, etc.    Sulte, Apt. 8, etc.   Sulte, Apt. 8, etc.   | 2. Principal Place of Business 2a. Mailing Address |   |  |                |  |                              |              | Applied For                                     |                        |  |  |
| City & State  Country  De Country  De Country  De Country  De Country  De Country  De State  De St | 1 26   |   |  |                |  |                              |              | <u>59-3363610</u>                               | Not Applicable         |  |  |
| City & State    City & State   City & City & State   City & State  |  | 1 ————————————————————————————————————  |  |                |  |                              |              | 5. Certificate of Status Desired                |                        |  |  |
| Zip   Country   Zip   Country   Zip   Sin   Truss Fand Contribution   Added to Fees   Added to Fees   Zip    |  |   |  |                |  |                              |              | 6 Flection Campaign Financing                   | \$5 00 May Ro          |  |  |
| Descriptions of Current Registered Agent  10. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida, Such therego was authorities by the corporation's board of directions. Therefore accept the agent of both in the State of Florida, Such therego was authorities by the corporation's board of directions. Therefore accept the agent of both in the State of Florida, Such therego was authorities by the corporation's board of directions. Therefore accept the agent of the corporation's board of directions. Therefore accept the agent acceptance acceptanc | 23   | <del></del>   | 28   |                |  |                              |              |   |                        |  |  |
| B. Name and Address of Curren Registered Agent  PATEL, SANDIP I C/O PATEL, MOORE & O'CONNOR, P.A. 18167 US HWY 19 N, SUITE 150  CLEARWATER FL 34624  11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 am gradual registered agent. 2 mile gradual registered agent. 2 mile gradual registered agent. 2 mile gradual registered office or registered agent. 2 mile gradual registered agent. 2 mile gradual registered office or registered agent. 2 mile gradual registered agent. 3 mile gradual regist | —~ ·   | Country   | Zip  | —              | Country  |                              |              | · .   | <del>-</del>           |  |  |
| PATEL, SANDP I C/O PATEL, MOORE & O'CONNOR, P.A. 18167 US HWY 19 N, SUITE 10 CLEARWATER FL 34624  11. Pursuant to the provision of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effice 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 are registered of florida. Such change was authorized by the corporation's board of directors. I hereby appointment are registered agent. I am [amaliazyth, and across the obligations of section 607.0505, Florida Statutes.)  SIGNATURE    12.  | 24   |   |  | 30             | _  | Intangible Colorina Colorina |              |   |                        |  |  |
| PATEL, SANDP I C/O PATEL, MOORE & O'CONNOR, P.A. 18167 US HWY 19 N, SUITE 150 CLEARWATER FL 34624  82 Street Address (P.O. Box Number is Not Acceptable)  83 CLEARWATER FL 34624  84 City FL 85 Zip Code  85 Zip Code  95 Zip Code  96 Zip Code  97 Zip Code  98 Zip Code |  | 9. Name and Address of Curre  | nt Registered Agent  |                | _  |                              |              |   |                        |  |  |
| C/O PATEL, MOORE & O'CONNOR, P.A.  18167 US HWY 19 N, SUITE 150 CLEARWATER RL 34624  44  City  FL 85 Zip Code  45  City  FL 85 Zip Code  46  City  FL 85 Zip Code  47  11. Pursuant to the provision of sections 607/0502 and 607/1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, and accept the polyment and state statement for the purpose of charging its registered office or registered agent, and accept the polyment and state statement for the purpose of charging its registered office or registered agent, and accept the polyment and statement for the purpose of charging its registered office or registered agent, and accept the polyment and statement for the purpose of charging its registered office or registered agent, and accept the polyment accept the polyment and accept the polyment accept the polyment accept the p | .DAT   | EL CANDID I   |  |                | 81 Name  |                              |              |   |                        |  |  |
| THE DESAI, PRATIBHA K MD DESTE 13707  TITLE  DESAI, PRATIBHA K MD  TITLE  DELETE  21 TITLE  DELETE  33 TREET ADDRESS  CITYST2IP  TITLE  DELETE  34 TITLE  DELETE  34 TITLE  DELETE  34 TITLE  DELETE  35 T |  |   | 5.04   | 1              | R2: Stront Address (P.O. Box Number is Not Acceptable) |                              |              |   |                        |  |  |
| CLEARWATER FL 34624  64 City   |  | -   | R, P.A.  |                | 521 Street Address (F.O. Box Number is Not Acceptable) |                              |              |   |                        |  |  |
| Start   Particular to the provisions of sections 807.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered opinic, or origistered agent, to obtin, in the State of Florida. Such change was authorized by the corporation's submits this statement for the purpose of changing list registered opinic or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby corporation submits this statement for the purpose of changing list registered opinic and the property of the corporation's board of directors. Hereby corporation submits this statement for the purpose of changing list registered agent. I am facility of directors in the property of the corporation's board of directors. Hereby corporation submits this statement for the purpose of changing list registered agent. I am facility of directors. In the property of the purpose of changing list registered opinic and the property of   |  |   |  |                | 83   |                              |              |   |                        |  |  |
| 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 Eguillag with, and accept the obligations of, section 607.0508, Florida Statutes.  SIGNATURE  Signature, typed or present rained registered agent and the registered agent agent and the registered agent ag | CLE  | ARWATER FL 34624  |  |                |  | ļ                            |              |   |                        |  |  |
| 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 discussion and accept the obligations of section 607/3005. Florida Statutes.  SIGNATURE  Signature, speed or primed registered sopilation to the specialism. (NOTE Registered Agent signature required when relusating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DESAI, PRATIBHA K MD  1609 PASADENA AVE S, SUITE 2E  ST PETERSBURG FL 33707  STREET ADDRESS  CITYST-ZPP  TITLE  DELETE  21 TITLE  DELETE  22 NAME  23 STREET ADDRESS  CITYST-ZPP  TITLE  DELETE  33 TITLE  32 NAME  32 STREET ADDRESS  CITYST-ZPP  TITLE  DELETE  34 CITYST-ZPP  TITLE  DELETE  41 TITLE  DELETE  41 TITLE  DELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTO |  |   | _  |                | 84   | City                         |              | FL 85 Zip Code                                  |                        |  |  |
| 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hardward agent and use registered agent, or and accept the obligations of section 607/0505. Florida Statutes.  SIGNATURE  Signature, spee or pined center of registered agent and use registered by the corporation's board of directors. I have been such as the section for 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  NAME  DESAI, PRATIBHA K MD  1609 PASADENA AVE S, SUITE 2E  ST PETERSBURG FL 33707  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TITLE  DELETE  21. TITLE  DELETE  22. NAME  23. STREET ADDRESS  CITYST.2P  13. TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITYST.2P  DELETE  33. TITLE  DELETE  33. TITLE  Change  Addition  Addition  Addition  AMME  STREET ADDRESS  CITYST.2P  DELETE  41. TITLE  Change  Addition  Addition  Addition  AMME  STREET ADDRESS  CITYST.2P  TITLE  DELETE  51. TITLE  Change  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  ALCITYST.2P  TITLE  DELETE  51. TITLE  Change  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  ALCITYST.2P  TITLE  Change  Addition  Additio | 11. Pursuant                                       | to the provisions of sections 607.050   | 02 and 607.1508, Florida Sta                                 | atutes, the ab | ove-   | named co                     | orporati     | on submits this statement for the purpose of c  | hanging its registered |  |  |
| SIGNATURE    Signature, Typed or primited name of implication approach and the Fapications.   (NOTE: Registered Agunt signature required when repressating)   DATE   | office or r  | registered agent, or both, in the Stat  | e of Florida. Such change w                                  | as authorized  | d bv   | the corno                    | oration'     | s board of directors. I hereby accept the appo  | intment as registered  |  |  |
| SIGNATURE Signatures, typed or present name of registered agent and tills if expication.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DESAI, PRATIBHA K MD 1609 PASADENA AVE S, SUITE 2E ST PETERSBURG FL 33707  DELETE 13. STREET ADDRESS CITY-ST-ZIP TITLE NAME 22. NAME 22. NAME 23. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 33. TITLE Change Addition | agent. i a   | im tamillar with, and according the oblic   | gations of, section 607.0505                                 | i, rionga siai | ប្រមេ  | s.                           |              | 07/2  | 20/1999                |  |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DESAI, PRATIBHA K MD DESAI, PRATIBHA K MD 12 NAME STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITYST2IP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME 22 STREET ADDRESS 24 CITYST2IP TITLE DELETE 31 TITLE Change Addition NAME 32 NAME 32 STREET ADDRESS 24 CITYST2IP TITLE DELETE 31 TITLE Change Addition NAME 32 NAME 32 STREET ADDRESS 34 CITYST2IP TITLE DELETE 41 TITLE Change Addition NAME 32 NAME 32 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 32 NAME 33 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 NAME 35 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 STREET ADDRESS 34 CITYST2IP TITLE DELETE 51 TITLE Change Addition NAME 35 NAME 35 STREET ADDRESS 35 NAME 35 NAME 35 STREET ADDRESS 35 NAME 35  | SIGNATURE _  | Signature, tuned or printed name of registered and  | ent and title if applicable                                  | (NOTE: Registe | red A  | cent signature               | e tenuired   | t when reinstating) DATE                        |                        |  |  |
| TITLE DESAI, PRATIBHA K MD 12 NAME 13 STREET ADDRESS 13 NAME 13 STREET ADDRESS 13 NAME 13 STREET ADDRESS 13 NAME 14 NAME 14 NAME 14 NAME 14 NAME 14 NAME 14 NAME 15 NAME 14 NAME 15 NA |  |   |  |                |  | gan oigi oiai                |              | · · · · · · · · · · · · · · · · · · ·           | ND DIRECTORS IN 12     |  |  |
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| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A STREET ADDRESS CITY-ST-ZIP  TITLE A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addi | TITLE  | DELETE 3.1 TI   |  | J TITLE        |  |                              |              | Change Addition                                 |                        |  |  |
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| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  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 receiver or thurstee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears  | STREET ADDRESS                                     |   |  | 3.3 ST         | 3.3 STREET ADDRESS                                     |                              |              |   |                        |  |  |
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| NAME  STREET ADDRESS  4.3 STREET ADDRESS  CITY-ST-ZIP  4.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  Change Addition  Change Addition  A | <del></del>  |   |  |                |  |                              | . Channe Ade |   |                        |  |  |
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| STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  4. I hereby certify that the information supplied with this filling 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   | 1  |   | L DELETE   | -              |  |                              |              |   | Change   Addition      |  |  |
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|  | indicated o  | ertify that the information supplied with<br>the this annual report or supplementa<br>or director of the corporation or the r | il annual report is true and a<br>eceiver or trustee empower | ccurate and t  | that   | my signat                    | ture sh      | all have the same legal effect as if made under | er oath; that I am     |  |  |

SIGNATURE:

7°SKNADERBEGURED

07/20/99

(727)3446569

CR2E034 (5/99)