

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90045 017 ***150.00

DOCUMENT # P96000056332

1. Entity Name
FLORIDA ONCOLOGY RESOURCES, INC.

Principal Place of Business

**4301 N HABANA AVE
 SUITE 1
 TAMPA FL 33607**

Mailing Address

**4301 N HABANA AVE
 SUITE 1
 TAMPA FL 33607**

00012983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0706901**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BLANCO, RAFAEL W.
 4301 N HABANA AVE
 STE 1
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, RAFAEL	
STREET ADDRESS	4301 N HABANA AVE SUITE 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUTERSZTAIN, JULIO	
STREET ADDRESS	4301 N HABANA AVE SUITE 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, CHRISTOPHER	
STREET ADDRESS	4301 N HABANA AVE SUITE 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael Blanco* Date: 1/29/01 Daytime Phone #: (813) 875-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)