

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91571 026 ***150.00

UBR244-35
AV

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**

779525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0706901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
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 employees.

SIGNATURE: *Rafael W. Blanco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-17-02**

Daytime Phone # **813 875-2300**

CR2E034 (9/01)