

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000076904 (7)**

1. Corporation Name

HEMATOLOGY ONCOLOGY PROPERTIES, INC.



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|--|--|
| Principal Place of Business 1801 SE HILLMOOR DRIVE #B101 PORT ST. LUCIE FL 34952 | Mailing Address 1801 SE HILLMOOR DRIVE #B101 PORT ST. LUCIE FL 34952 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 09/16/1996 | |
| 25 | | 29 | | 4. FEI Number 65 APPLIED FOR 0693674 | |
| 25 | | 29 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 29 | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent COEL, MARK A ESQ 1946 TYLER STREET HOLLYWOOD FL 33020 | | | | 10. Name and Address of New Registered Agent 81 Name Mark A. Coel 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard 83 Suite 350 North 84 City Hollywood FL 85 Zip Code 33021 | | | |
|---|--|--|--|---|--|--|--|

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|--------------------------|---------------------|---------------------------------|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | WERTHEIM, MICHAEL S | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 1.2 NAME | | | |
| STREET ADDRESS | 1801 SE HILLMOOR DR B101 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | SD | COLLIN, ALAN S | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | 1801 SE HILLMOOR DR B101 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | TD | IANNOTI, NICHOLAS O | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | 1801 SE HILLMOOR DR B101 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael S. Wertheim

4/17/98

CR2E034 (10/97)