

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90188 012 \*\*\*150.00

**DOCUMENT # P96000080700**

1. Entity Name  
HEM-ONC ASSOCIATES OF THE TREASURE COAST,  
P.A.



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



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0696665

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COLLIN, ALLAN S  
1801 SE HILLMOOR DR. B101  
PORT SAINT LUCIE, FL 34952

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	WERTHEIM, MICHAEL S
STREET ADDRESS	1801 SE HILLMOOR DR #B101
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	DP
NAME	COLLIN, ALAN S
STREET ADDRESS	1801 SE HILLMOOR DR B101
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	DS
NAME	IANNOTTI, NICHOLAS O
STREET ADDRESS	1801 SE HILLMOOR DR B101
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	D
NAME	SWANSON, PAUL M
STREET ADDRESS	1801 SE HILLMOOR DR #B101
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 checked, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #