

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080700

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1801 SE HILLMOOR DRIVE #B101
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1871 SE TIFFANY AVE
SUITE 100
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1801 SE HILLMOOR DRIVE #B101
PORT ST. LUCIE, FL 34952

New Mailing Address:

1871 SE TIFFANY AVE
SUITE 100
PORT ST. LUCIE, FL 34952

FEI Number: 65-0696665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COLLIN, ALLAN S
1871 SE TIFFANY AVE
SUITE 100
PORT SAINT LUCIE, FL 34952 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: WERTHHEIM, MICHAEL S
Address: 1801 SE HILLMOOR DR #B101
City-St-Zip: PORT ST LUCIE, FL

Title: DP () Delete
Name: COLLIN, ALLAN S
Address: 1801 SE HILLMOOR DR B101
City-St-Zip: PORT ST LUCIE, FL

Title: DS () Delete
Name: IANNOTTI, NICHOLAS O
Address: 1801 SE HILLMOOR DR B101
City-St-Zip: PORT ST LUCIE, FL

Title: D () Delete
Name: SWANSON, PAUL M
Address: 1801 SE HILLMOOR DR #B101
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: WERTHHEIM, MICHAEL S
Address: 1871 SE TIFFANY AVE SUITE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN S. COLLIN

MD

04/30/2009

Electronic Signature of Signing Officer or Director

Date