

P96000080700

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2009 MAY -8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB 5-11-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hematology Oncology Associates of the Treasure Coast, PA.
(Name of Corporation)

DOCUMENT NUMBER: P96000080700

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina Harris
(Name of Contact Person)

Hematology Oncology
(Firm/Company)

1871 SE Tiffany Ave Ste 100
(Address)

Port St Lucie FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Harris at (772) 924-2271
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2009

ALAN S. COLLIN
HEMATOLOGY ONCOLOGY
1871 SE TIFFANY AVE #100
PORT ST. LUCIE, FL 34952

SUBJECT: HEM-ONC ASSOCIATES OF THE TREASURE COAST, P.A.
Ref. Number: P96000080700

We have received your document for HEM-ONC ASSOCIATES OF THE TREASURE COAST, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 509A00004212

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hem - One Associates of the Treasure Coast, P. A.
2. The principal office address: 1801 SE Hillmoor Dr Ste B101
PSL, FL 34952
3. The mailing address (if different): same

4. Date of incorporation/qualification: 9-30-96 Document number: P96 000080700

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alan S. Collin
1801 SE Hillmoor Dr Ste B101
Port St Lucie, FL 34952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alan S. Collin
1871 SE Tiffany Ave Ste 100
Port St Lucie, FL 34952
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Michael S. Wertheim
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

4/12/09
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)