

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080700

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0696665      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCOLARO,SHULMAN,COHEN,FETTER&BURSTEIN  
32-C SE OSCEOLA STREET  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WERTHEIM, MICHAEL S  
Address: 1871 SE TIFFANY AVE SUITE 100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS  
Name: IANNOTTI, NICHOLAS O  
Address: 1871 SE TIFFANY AVE #100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DVP  
Name: SWANSON, PAUL M  
Address: 1871 SE TIFFANY AVE #100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DT  
Name: YECKES-RODIN, HEATHER  
Address: 1871 SE TIFFANY AVE #100  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. WERTHEIM

DP

01/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date