

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024055

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: ONCOLOGY MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

717 W ROBERTSON  
BRANDON, FL 33511

## New Principal Place of Business:

## Current Mailing Address:

717 W ROBERTSON  
BRANDON, FL 33511

## New Mailing Address:

188 INVERNESS DR WEST  
SUITE 650  
ENGLEWOOD, CO 80112

FEI Number: 59-3438990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEPES, KATHRYN L  
717 W ROBERTSON STREET  
BRANDON, FL 33511 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHERNOW, DAVID  
Address: 188 INVERNESS DR WEST 650  
City-St-Zip: ENGLEWOOD, CO 80112

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO ( ) Change (X) Addition  
Name: CHOATE, DUANE  
Address: 188 INVERNESS DR WEST 650  
City-St-Zip: ENGLEWOOD, CO 80112

Title: SEC ( ) Change (X) Addition  
Name: PHILLIPS, RUSSELL  
Address: 18100 VON KARMAN AVE SUITE 450  
City-St-Zip: IRVINE, CA 92612

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: DAVID CROWLEY

A SE

03/30/2009

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

\_\_\_\_\_  
Date