

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033818

FILED
Mar 24, 2009
Secretary of State

Entity Name: ONCOLOGY & HEMATOLOGY ASSOCIATES OF WEST BROWARD, P.A.

Current Principal Place of Business:

7431 UNIVERSITY DRIVE
STE 110
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7431 UNIVERSITY DRIVE
STE 110
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0753936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131 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: D () Delete
Name: ROSENBERG, ABRAHAM M.D.
Address: 7431 N UNIVERSITY DR #110
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: KALMAN, ALFRED M M.D.
Address: 7431 N UNIVERSITY DR #110
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SAWHNEY, SUMIT
Address: 7431 N UNIVERSITY DR #110
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SAWHNEY, SUMIT M.D.
Address: 7431 N UNIVERSITY DR #110
City-St-Zip: TAMARAC, FL 33321

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

Title: D (X) Change () Addition
Name: FARIA, ROHAN F MD
Address: 7431 N UNIVERSITY DR #110
City-St-Zip: FORT LAUDERDALE, FL 33321

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: SUMIT SAWHNEY, MD

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date