

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **P97000099792 (8)**

1. Corporation Name

THE HEMATOLOGY ONCOLOGY CENTER, P.A.

Principal Place of Business

**1300 PARK OF COMMERCE
SUITE 205
DELRAY BEACH FL 33445-2554**

Mailing Address

**1300 PARK OF COMMERCE
SUITE 205
DELRAY BEACH FL 33445-2554**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0794678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1501 CORPORATE DR

Suite, Apt. #, etc.

22 120

City & State

23 BOYNTON BEACH FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 1501 CORPORATE DR

Suite, Apt. #, etc.

27 120

City & State

28 BOYNTON BEACH FL

Zip

29 33426

Country

30 USA

9. Name and Address of Current Registered Agent

CORLEY, WILLIAM E III

GALDWELL & PAGETTI

WILLIAM E. CORLEY III PA

324 ROYAL PALM WAY, SUITE 300 1200 N FEDERAL HWY

PALM BEACH FL 33480

SUITE 200

BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

WILLIAM E. CORLEY III

82 Street Address (P.O. Box Number is Not Acceptable)

1200 N. FEDERAL HWY

83

STE 200

84 City

BOCA RATON

FL

85 Zip Code

33432

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE **WILLIAM E. CORLEY III** **WILLIAM E. CORLEY III** **REGISTERED AGENT** **7/11/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **RIOTTO, LORRAINE M.D.**

STREET ADDRESS **1300 PARK OF COMMERCE SUITE 205 1501 CORPORATE DR**

CITY-ST-ZIP **DELRAY BEACH FL 33445-2554 STE 120 BOYNTON BEACH FL 33426** ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **WILLIAM E. CORLEY III** **WILLIAM E. CORLEY III** **REGISTERED AGENT** **7/11/98**

CR2E034 (5/98)