## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P98000012784 1. Entity Name SURGICAL ONCOLOGY ASSOCIATES OF SOUTH FLORIDA, I 05-19-2002 90160 030 \*\*\*150.00 NC. Principal Place of Business Mailing Address **GELBER AND COMPANY** GELBER AND COMPANY 285 NW 199 ST 204 285 NW 199 ST 204 MIAMI FL 33169 **MIAMI FL 33169** 2. Principal Place of Business 3. Mailing Address <del>GELBER & COMPANY</del> Suite, Apt. #, etc. 11450 Interchange Circle North DO NOT WRITE IN THIS SPACE City & Williamar, Florida 33025 City & State 4. FEI Number Applied For 65-0808718 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELBER, RONALD S Street Address (P.O. Box Number is Not Acceptable) 285 NW 199TH ST, STE 204 **MIAMI FL 33169** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees ٠<del>ﭘ ١</del>. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)Change ☐ Addition NAME DONOWAY, ROBERT B NAME 285 NW 199TH ST, STE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - 🗖 - Delete TITLE ---- Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if or Block 12 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STEMATURE AND TYPES OR PRINTED WANTE OF STUNING SEFFICER OR DIRECTION

14/25/2002 954 986636

FILED