## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000104300

1. Corporation Name

HEMATOLOGY AND MEDICAL ONCOLOGY OF SOUTHERN PALM BEACH COUNTY, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|           |       |    |          |

Mailing Address

## **FILED** Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90017 031 \*\*\*150.00



| •  |   |   |  |  | i i                                      |   |               |                                    |  |
|--|---|---|--|--|--|---|---------------|------------------------------------|--|
|  | DR., STE, 1330  | 505 S. FLAGLER DR., STE.  | 1330   |  |  |   |               |                                    |  |
| W. PALM BEACH  | 4 FL 33401  | W. PALM BEACH FL 33401  |  |  |  | DO NO   | T WRITE IN T  | HIS SPACE                          |  |
|  |   |   |  |  | 3. Dat                                   | te Incorporated or Qu                             | alifed        |                                    |  |
|  |   |   |  |  | l l                                      | 15/1998   |               |                                    |  |
| 2 Principal P  | Place of Business   | 2a. Mailing Address   |  |  |  | Number  |               |                                    | Applied For                            |
|  | lace of business  | <del></del>   |  |  | 1.                                       | 5-08987   | 11            |                                    | Not Applicable                         |
| Suite, Apt.  | # ata   | Suite, Apt. #, etc.   |  |  | 100                                      |   |               |                                    | Additional                             |
| 22   | - <del> </del>  | 27  |  |  | <b>5</b> . Ce                            | rtifcate of Status Desi                           | ired 🗌        |                                    | Required                               |
| City & Stat  | te  | City & State  |  |  | € Ela                                    | ection Campaign Final                             | ncina         | \$5.00                             | May Be                                 |
| 23   |   | 28  |  |  |  | st Fund Contribution                              |               |                                    | to Fees                                |
| Zip  | Country   | Zip   | Coun   | try  |  | s corporation owes th                             | e current vea | r Intangible                       |  |
| 24   | 25  | 29  | 30   |  | l l                                      | rsonal Property Tax.                              | ,             | ∐Yes                               | □No                                    |
| 24;  | 9. Name and Address of Current  |   |  | ·  |  | me and Address of                                 | New Registe   | red Agent                          |  |
|  |   |   |  | 31 Nam   | ne                                       |   |               |                                    |  |
|  | DIS, SILVIA R   |   | ١.   | 32 Stree   | at Addraga /P.O.                         | Box Number is Not A                               | ccontable)    |                                    |  |
|  | S. FLAGLER DR., STE. 1330   |   |  | sz Stree   | et Address (P.O.                         | Box Mulliper is 1400                              | (cceptable)   |                                    |  |
| W. PA  | ALM BEACH FL 33401  |   | 1  | 33   |  |   |               |                                    | ·                                      |
|  |   |   | Į  | 34 City  |  |   |               | <b>85</b> Zir                      | Code                                   |
|  |   |   |  |  |  |   |               | FL   T                             |  |
| 11. Pursuant   | to the provisions of Sections 607.0502 registered agent, or both, in the State of     | 2 and 607.1508, Florida Statut<br>of Florida, Such change was a | es, the about  | ove-name   | ed corporation sul<br>reporation's board | bmits this statement to<br>of directors, I hereby | or the purpos | e of changing i<br>opointment as i | ts registered<br>reaistered            |
| agent. I a   | m familiar with, and accept the obligat   | tions of, Section 607.0505, Flo                                 | rida Statut  | es.  | . poranon o boara                        | J. 4  | <b>F</b>      |                                    | 3                                      |
| SIGNATURE  |   |   |  |  |  |   |               |                                    |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  |   |   |  |  |  |   |               |                                    |  |
| 42   |   |   |  | gent signatu   | re required when reinsta                 |   | DAT           |                                    | ORS IN 12                              |
| 12.  | OFFICERS AN   | D DIRECTORS   | 13.  |  |  | ating)<br>DITIONS/CHANGES 1                       |               | S AND DIRECT                       |  |
| TITLE  | OFFICERS AN   |   | 13.<br>1.1 TITL  | E  |  |   |               |                                    |  |
| TITLE<br>NAME  | OFFICERS AN DPS BRITO, ROGER D.O.   | D DIRECTORS   | 13.<br>1.1 TITL<br>1.2 NAM   | E<br>E   | ADD                                      |   |               | S AND DIRECT                       |  |
| TITLE NAME STREET ADDRESS  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.                     | D DIRECTORS   | 13.<br>1.1 TITL<br>12 NAM<br>1.3 STR   | E<br>E<br>EET ADDRES   | ADD                                      |   |               | S AND DIRECT                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AN DPS BRITO, ROGER D.O.   | D DIRECTORS   | 13.<br>1.1 TITL<br>12 NAW<br>1.3 STR<br>1.4 CITY   | E<br>IE<br>EET ADDRES<br>'-ST-ZIP  | ADD                                      |   |               | S AND DIRECT                       | e Addition                             |
| TITLE NAME STREET ADDRESS  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.                     | D DIRECTORS   | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITN 2.1 TITL  | E<br>EET ADDRES<br>'-ST-ZIP<br>E   | ADD                                      |   |               | S AND DIRECT                       | e                                      |
| NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.                     | D DIRECTORS   | 13.<br>1.1 TITL<br>12 NAW<br>1.3 STR<br>1.4 CITY   | E<br>EET ADDRES<br>'-ST-ZIP<br>E   | ADD                                      |   |               | S AND DIRECT                       | e Addition                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.<br>BOYNTON FL 33435 | D DIRECTORS   | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW  | E<br>EET ADDRES<br>'-ST-ZIP<br>E   | ADD                                      |   |               | S AND DIRECT                       | e Addition                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.<br>BOYNTON FL 33435 | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITC   | E EET ADDRES '-ST-ZIP E IE EET ADDRES  | ADD                                      |   |               | S AND DIRECT Change                | Addition Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.<br>BOYNTON FL 33435 | D DIRECTORS   | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CIT) 2.1 TITL 22 NAW 2.3 STR   | E EET ADDRES '-ST-ZIP E IE EET ADDRES  | ADD                                      |   |               | S AND DIRECT                       | Addition Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AN<br>DPS<br>BRITO, ROGER D.O.<br>2815 S. SEACREST BLVD.<br>BOYNTON FL 33435 | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITC   | E EET ADDRESST-ZIP E EET ADDRES Y-ST-ZIP E   | ADD                                      |   |               | S AND DIRECT Change                | Addition Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 1.3 STR 14 CITM 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM   | E EET ADDRESST-ZIP E EET ADDRES Y-ST-ZIP E   | ADD                                      |   |               | S AND DIRECT Change                | Addition Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 13 STR 14 CTN 2.1 TITL 22 NAM 2.3 STR 2.4 CTT 3.1 TITL 32 NAM 33 STR   | E EET ADDRES -ST-ZIP E EET ADDRES Y-ST-ZIP E   | ADD                                      |   |               | S AND DIRECT Change                | Addition  Addition                     |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 13 STR 14 CTN 2.1 TITL 22 NAM 2.3 STR 2.4 CTT 3.1 TITL 32 NAM 33 STR   | E EET ADDRESST-ZIP EET ADDRESST-ZIP EET ADDRES E-ST-ZIP EET ADDRES   | ADD                                      |   |               | S AND DIRECT Change                | Addition  Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CTN 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 3.4 CIT   | E EET ADDRES ST- ZIP EET ADDRES Y- ST- ZIP E EET ADDRES Y- ST- ZIP E EET ADDRES Y- ST- ZIP E EET ADDRES  | ADD                                      |   |               | S AND DIRECT Change                | Addition  Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS CITY-ST-ZIP TITLE   | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 1.3 STR 14 CITM 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 34. CIT 4.1 TITL 4.2 NAM   | E EET ADDRES ST- ZIP EET ADDRES Y- ST- ZIP E EET ADDRES Y- ST- ZIP E EET ADDRES Y- ST- ZIP E EET ADDRES  | ADD                                      |   |               | S AND DIRECT Change                | Addition  Addition                     |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT) 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 34. CIT 4.1 TITL 4.2 NAM 4.3 STR  | E EET ADDRESST-ZIP EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EAT ADDRES  | ADD                                      |   |               | S AND DIRECT Change                | Addition  Addition                     |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT) 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 34. CIT 4.1 TITL 4.2 NAM 4.3 STR  | E EET ADDRESST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES (-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES  | ADD                                      |   |               | S AND DIRECT Change                | Addition Addition Addition Addition    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE  DELETE                             | 13. 1.1 TITL 12 NAM 1.3 STR 14 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 4.4 CITM 4.4 CITM 4.5 TITM 4.4 CITM 4.4 CITM 4.4 CITM 4.4 CITM 4.5 TITM 4.4 CITM 4. | E EET ADDRESST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRESST-ZIP E  | ADD                                      |   |               | S AND DIRECT Change Change         | Addition Addition Addition Addition    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE  DELETE                             | 13. 1.1 TITL 12 NAM 1.3 STR 14 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAM   | E EET ADDRESST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRESST-ZIP E  | SSS SSS SSS                              |   |               | S AND DIRECT Change Change         | Addition Addition Addition Addition    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE  DELETE                             | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CTD 2.1 TITL 22 NAW 23 STR 2.4 CTT 3.1 TITL 32 NAW 33 STR 34 CTT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CTD 5.1 TITL 52 NAW 5.3 STR  | E EET ADDRESST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRESST-ZIP EET ADDRES   | SSS SSS SSS                              |   |               | S AND DIRECT Change Change         | Addition Addition Addition Addition    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DIRECTORS  DELETE  DELETE  DELETE                             | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CTD 2.1 TITL 22 NAW 23 STR 2.4 CTT 3.1 TITL 32 NAW 33 STR 34 CTT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CTD 5.1 TITL 52 NAW 5.3 STR  | E EET ADDRES -ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES -ST-ZIP EET ADDRES -ST-ZIP EET ADDRES  | SSS SSS SSS                              |   |               | S AND DIRECT Change Change         | Addition  Addition  Addition  Addition |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | OFFICERS AN DPS BRITO, ROGER D.O. 2815 S. SEACREST BLVD. BOYNTON FL 33435             | D DELETE  | 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITN 5.4 CITN 5.4 CITN 5.4 CITN 5.4 CITN 5.5 | E EET ADDRES '-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP EET ADDRES '-ST-ZIP EET ADDRES | SSS SSS SSS                              |   |               | Change                             | Addition  Addition  Addition  Addition |

14. 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 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, with all other like empowered.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP