

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104300

1. Entity Name

HEMATOLOGY AND MEDICAL ONCOLOGY OF SOUTHERN PALM

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90060 028 ***150.00

Principal Place of Business

Mailing Address

505 S. FLAGLER DR., STE. 1330
W. PALM BEACH FL 33401

505 S. FLAGLER DR., STE. 1330
W. PALM BEACH FL 33401-5851

2623 South Seacrest Blvd, STE 112
Boynton Beach, FL 33435

2623 South Seacrest Blvd
Boynton Beach, FL 33435

2. Principal Place of Business

3. Mailing Address

2623 South Seacrest Blvd

2623 South Seacrest Blvd

Suite, Apt. #, etc.

Suite 112

City & State
Boynton Beach FL

Zip

33435

Country

Palm Beach

Suite, Apt. #, etc.

Suite 112

City & State
Boynton Beach, FL

Zip

33435

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Mary Place

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

2623 South Seacrest Blvd

Suite 112

City

Boynton Beach

FL

33435

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

Mary Place

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/25/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BRITO, ROGER D.O.	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)