

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90162 022 ***150.00

DOCUMENT # P98000104300

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

Principal Place of Business

2623 SOUTH SEACREST BLD
SUITE 112
BOYNTON BEACH FL 33435

Mailing Address

2623 SOUTH SEACREST BLD
SUITE 112
BOYNTON BEACH FL 33435

2. Principal Place of Business

2623 S. Seacrest Blvd

Suite, Apt. #, etc.

Suite 216

Boynton Beach FL

Zip
33435

Country
USA

3. Mailing Address

2623 S. Seacrest Blvd

Suite, Apt. #, etc.

Suite 216

Boynton Beach FL

Zip
33435

Country
USA



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

KENNEDY, KAREN

2623 SOUTH SEACREST BLVD

SUITE 112

BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name
Kennedy, Karen

Street Address (P.O. Box Number is Not Acceptable)
2623 S. Seacrest Blvd

Suite 216

Boynton Beach

FL

Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE
DPS
NAME
BRITO, ROGER D.O.
STREET ADDRESS
2623 S. SEAWEST BLVD., STE., 112
CITY-ST-ZIP
BOYNTON FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPS
NAME
BRITO, ROGER DO
STREET ADDRESS
2623 S. Seacrest Blvd Suite 216
CITY-ST-ZIP
Boynton Beach FL 33435

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Kennedy, Karen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 561-742-0065

CR2E034 (9/01)