

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

94 JUL 14 PM 12:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

1. Corporation Name SOUTH FLORIDA ONCOLOGY, P.A.	DOCUMENT # V51919 (1)
---	--------------------------

Mailing Address 3351 S.W. 57TH PLACE FT. LAUDERDALE FL 33312	Principal Place of Business 3351 S.W. 57TH PLACE FT. LAUDERDALE FL 33312
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1992		3a. Date of Last Report 03/18/1993	
4. FFI Number 65-0347668		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent KREILING, EDWARD PAUL 6151 MIRAMAR PARKWAY SUITE 101 MIRAMAR FL 33023		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
B5 FL		B6 Zip Code	

11. Pursuant to the provisions of Sections 607.081 and 607.1508 or Sections 617.0902 and 617.1508, 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 607.081 or 617.0903, Florida Statutes.

SIGNATURE: *Calvin S. Rosenthal* DATE: 1/18/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE P	12 NAME CALVIN S. ROSENTEL	11 TITLE P	12 NAME CALVIN S. ROSENTEL
13 STREET ADDRESS 3351 S.W. 57TH PL.	14 CITY, ST, ZIP FT. LAUDERDALE FL	13 STREET ADDRESS 3351 S.W. 57TH PLACE	14 CITY, ST, ZIP FT. LAUD. FL. 33312
21 TITLE	22 NAME	21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY, ST, ZIP	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY, ST, ZIP	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY, ST, ZIP	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY, ST, ZIP	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY, ST, ZIP	63 STREET ADDRESS	64 CITY, ST, ZIP

14. I declare by certifying that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption of listed entities from Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Sections 119.071 thru 119.074 in that regard that the information supplied is derived except from public records. I further certify that the information included 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 in person with me. I have fulfilled all obligations concerning my annual property reported by Chapter 117, Florida Statutes. That I am an officer or director of this corporation or the tax agent or trustee empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears on Block 13 of this report or on an affidavit filed with an address.

SIGNATURE: *Calvin S. Rosenthal* DATE: 1/18/94 305-431-8008