

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V53281**1. Entity Name  
**REGIONAL CONSULTANTS IN HEMATOLOGY AND ONCOLOGY, INC.**

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US	C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US

2. Principal Place of Business	3. Mailing Address
C/O HARVEY GRANGER	C/O HARVEY GRANGER
Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902	Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL
Zip	Zip
32207	32207
Country	Country
US	US

4. FEI Number  
**59-3134935**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GRANGER HARVEY G.C.**  
1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE  
32207  
US**7. Name and Address of New Registered Agent**Name  
**GRANGER HARVEY G.C.**  
Street Address (P.O. Box Number is Not Acceptable)  
1325 SAN MARCO BLVD.  
SUITE 902  
City  
JACKSONVILLE  
FL  
Zip Code  
32207

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 **HARVEY GRANGER****04/25/2001**

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, 2001 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	S/T	<input type="checkbox"/> Delete
NAME	JACKSON REBECCA B	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	DV	<input type="checkbox"/> Delete
NAME	PARRETT DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD., STE. 901	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILBANKS JOHN	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON CAROL C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON REBECCA B	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRETT DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD., STE. 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBANKS JOHN	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON CAROL C.	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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

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 all other like empowered.

SIGNATURE: **REBECCA B. JACKSON**

ST

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)