


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 001 ***150.00

DOCUMENT # 694810

1. Entity Name
 HEMATOLOGY, ONCOLOGY SPECIALISTS OF TAMPA,
 P.A.



Principal Place of Business Mailing Address

2123 W MARTIN LUTHER KING JR BLVD 2123 W MARTIN LUTHER KING JR BLVD
 SUITE 102 SUITE 102
 TAMPA, FL 33607-6545 TAMPA, FL 33607-6545

40013650



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4906 W Bay Way Pl 4906 W Bay Way Pl
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01172008 Chg-P CR2E034 (12/06)

City & State City & State

Tampa, FL Tampa, FL

4. FEI Number Applied For

59-2107118 Not Applicable

Zip Country Zip Country

33629 US 33629 US

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

ALTEMOSE, RAND W MD Name
 2123 W. DR. MARTIN LUTHER KING JR BLVD. Street Address (P.O. Box Number is Not Acceptable)
 #102 City FL Zip Code
 TAMPA, FL 33607-6545

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, DAVID D 2123 W MARTIN LUTHER KING JR BLVD, #102 TAMPA, FL 336076545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALTEMOSE, RAND W 2123 W MARTIN LUTHER KING JR. BLVD. #102 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: Altemose 1/24/08 813 875 2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #