

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694810

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

4906 W BAY WAY PL
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4906 W BAY WAY PL
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2107118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTEMOSE, RAND W MD
2123 W. DR. MARTIN LUTHER KING JR BLVD.
#102
TAMPA, FL 336076545 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WRIGHT, DAVID D
Address: 2123 W MARTIN LUTHER KING JR BLVD, #102
City-St-Zip: TAMPA, FL 336076545 US

Title: PRES () Delete
Name: ALTEMOSE, RAND W
Address: 2123 W MARTIN LUTHER KING JR. BLVD. #102
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAND ALTEMOSE

PRES

03/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date