

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694810

FILED  
Apr 25, 2010  
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:**

ALTEMOSE, RAND W MD  
4906 W BAY WAY PL  
TAMPA, FL 33629 US

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

04/25/2010

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WRIGHT, DAVID D  
Address: 4906 W BAY WAY PL  
City-St-Zip: TAMPA, FL 33629 US

Title: PRES  
Name: ALTEMOSE, RAND W  
Address: 4906 W BAY WAY PL  
City-St-Zip: TAMPA, FL 33629 US

I hereby 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 all other like empowered.

SIGNATURE: RAND ALTEMOSE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/25/2010

\_\_\_\_\_  
Date