

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674382

Entity Name: STUART ONCOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**STUART ONCOLOGY ASSOC.
433 SE OCEAN BLVD
STUART, FL 34994**Current Mailing Address:**433 SE OCEAN BLVD
STUART, FL 34994 US**FEI Number:** 59-2003116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, PRASHANT
STUART ONCOLOGY ASSOC.
433 SE OCEAN BLVD
STUART, FL 34994 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

Date

Officer/Director Detail :

Title	PRESIDENT, MEMBER
Name	PATEL, PRASHANT R
Address	STUART ONCOLOGY ASSOC. 433 SE OCEAN BLVD
City-State-Zip:	STUART FL 34994
Title	MEMBER
Name	MY, JOSEPH
Address	STUART ONCOLOGY ASSOC. 433 SE OCEAN BLVD
City-State-Zip:	STUART FL 34994

Title	MEMBER
Name	SIMONE, CHRISTINE G
Address	STUART ONCOLOGY ASSOC. 433 SE OCEAN BLVD
City-State-Zip:	STUART FL 34994
Title	MEMBER
Name	PATEL, RAVI K
Address	STUART ONCOLOGY ASSOC. 433 SE OCEAN BLVD
City-State-Zip:	STUART FL 34994

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: PRASHANT PATEL**MEMBER****04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date