### 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 674382** 

Entity Name: STUART ONCOLOGY ASSOCIATES, P.A.

Entity Name. STUART ONCOLOGY ASSOCIATES, P

## **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

FILED Apr 06, 2025

**Secretary of State** 

1350798117CC

### Officer/Director Detail:

Title PRESIDENT, MEMBER Title MEMBER

Name PATEL, PRASHANT R Name SIMONE, CHRISTINE G

Address STUART ONCOLOGY ASSOC. Address STUART ONCOLOGY ASSOC.

433 SE OCEAN BLVD 433 SE OCEAN BLVD

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title MEMBER Title MEMBER

Name MY, JOSEPH Name PATEL, RAVI K

Address STUART ONCOLOGY ASSOC. Address STUART ONCOLOGY ASSOC.

433 SE OCEAN BLVD 433 SE OCEAN BLVD

City-State-Zip: STUART FL 34994 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.

Electronic Signature of Signing Officer/Director Detail