

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45260

Entity Name: GAINESVILLE HEMATOLOGY - ONCOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**1147 NW 64TH TERRACE
GAINESVILLE, FL 32605**Current Mailing Address:**1147 NW 64TH TERRACE
GAINESVILLE, FL 32605**FEI Number:** 59-2128346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD, WEST
SUITE 210-B
JACKSONVILLE, FL 32217 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	D
Name	BHATIA, ANDRES
Address	1147 NW 64TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	DELA PUERTA, MANUEL
Address	1147 NW 64TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	GORDAN, LUCIO
Address	1147 NW 64TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	ACS, PETER
Address	1147 NW 64TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	DICKERSON, LAURA C
Address	1147 NW 64TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

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: LUCIO GORDAN**OFFICER****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date