#### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000043624

Entity Name: BEACON ONCOLOGY NURSE ADVOCATES, INC.

FILED
Mar 30, 2016
Secretary of State
CC1719719685

## **Current Principal Place of Business:**

725 16TH AVENUE NORTHEAST SAINT PETERSBURG. FL 33704

### **Current Mailing Address:**

725 16TH AVENUE NORTHEAST SAINT PETERSBURG. FL 33704 US

FEI Number: 45-5467344 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

TREBY, BRIAN 695 CENTRAL AVENUE - SUITE 270 SAINT PETERSBURG, FL 33701 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 PST Title VP

Name BIAFORA, LEA ANN Name BIAFORA, LEA ANN

Address 725 16TH AVENUE NORTHEAST Address 725 16TH AVENUE NORTHEAST

City-State-Zip: ST. PETERSBURG FL 33704 City-State-Zip: SAINT PETERSBURG FL 33704

Title TREASURER Title SECRETARY

Name BIAFORA, LEA ANN Name BIAFORA, LEA ANN

Address 725 16TH AVENUE NORTHEAST Address 725 16TH AVENUE NORTHEAST City-State-Zip: SAINT PETERSBURG FL 33704 City-State-Zip: SAINT PETERSBURG FL 33704

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: LEA ANN BIAFORA

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/30/2016 Date