

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000043624

**Entity Name:** BEACON ONCOLOGY NURSE ADVOCATES, INC.

**Current Principal Place of Business:**

725 16TH AVENUE NORTHEAST  
SAINT PETERSBURG, FL 33704

**Current Mailing Address:**

P. O. BOX 738  
SAINT PETERSBURG, FL 33701

**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  
Name BIAFORA, LEA ANN  
Address 725 16TH AVENUE NORTHEAST  
City-State-Zip: ST. PETERSBURG FL 33704

Title TREASURER  
Name BIAFORA, LEA ANN  
Address 725 16TH AVENUE NORTHEAST  
City-State-Zip: SAINT PETERSBURG FL 33704

Title VP  
Name BIAFORA, LEA ANN  
Address 725 16TH AVENUE NORTHEAST  
City-State-Zip: SAINT PETERSBURG FL 33704

Title SECRETARY  
Name BIAFORA, LEA ANN  
Address 725 16TH AVENUE NORTHEAST  
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**

**03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date