

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000043624

Entity Name: BEACON ONCOLOGY NURSE ADVOCATES, INC.**Current Principal Place of Business:**2620 2ND STREET NORTH
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	3136 3RD AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	TREASURER
Name	BIAFORA, LEA ANN
Address	2620 2ND STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	VP
Name	BIAFORA, LEA ANN
Address	2620 2ND STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	SECRETARY
Name	BIAFORA, LEA ANN
Address	2620 2ND STREET NORTH
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**PRESIDENT****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date