

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030506

**FILED**  
**Feb 25, 2007**  
**Secretary of State**

**Entity Name:** RADIATION ONCOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

1515 HERBERT STREET  
STE 207  
PORT ORANGE, FL 32129

**Current Mailing Address:**

P.O. BOX 1089  
DAYTONA BEACH, FL 321151089

**New Mailing Address:**

FEI Number: 59-3455499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YAEGER, THEODORE E MD  
303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114      US

**Name and Address of New Registered Agent:**

YAEGER, THEODORE E III  
404 SOUTH BEACH STREET  
STE 1202  
DAYTONA BEACH, FL 32114 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: THEODORE E YAEGER III      02/25/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: YAEGER, THEODORE E MD  
Address: 303 N.CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: YAEGER, THEODORE E MD  
Address: 6 PLEASANT VIEW CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THEODORE E YAEGER MD      DP      02/25/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date