## 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: THEODORE E YAEGER IV MD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

Certificate of Status Desired: No

**Current Principal Place of Business:** 6 PLEASANT VIEW CIRCLE DAYTONA BEACH, FL 32118

P.A.

DOCUMENT# P97000030506

### **Current Mailing Address:**

P.O. BOX 1089 DAYTONA BEACH, FL 32115-1089

### FEI Number: 59-3455499

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

YAEGER, THEODORE EIII 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	DP
Name	YAEGER, THEODORE E DR.
Address	6 PLEASANT VIEW CIRCLE
City-State-Zip:	DAYTONA BEACH FL 32118

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### FILED Apr 06, 2016 Secretary of State Entity Name: RADIATION ONCOLOGY ASSOCIATES OF CENTRAL FLORIDA, CC9244183939

04/06/2016 Date