

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001663

Entity Name: PROTON THERAPY CONSORTIUM, A NON-PROFIT CORPORATION**Current Principal Place of Business:**12881 HAWK CREST PLACE
JACKSONVILLE, FL 32258**Current Mailing Address:**12881 HAWK CREST PLACE
JACKSONVILLE, FL 32258 US**FEI Number: 27-4380124****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER TASEVOLI, ASST. SECRETARY****03/31/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MILLER, VICKIE
Address	5577 E MAYO BLVD MCB PHX 1 FL
City-State-Zip:	PHOENIX AZ 85054

Title	PRESIDENT
Name	GORDON, ABRAM
Address	3333 BURNET AVE
City-State-Zip:	CINCINNATI OH 45229

Title	DIRECTOR
Name	KLEIN, STUART L
Address	2015 N JEFFERSON ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	EXECUTIVE DIRECTOR
Name	MAGGIORE , JENNIFER
Address	12881 HAWK CREST PLACE
City-State-Zip:	JACKSONVILLE FL 32258

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MAGGIORE**EXECUTIVE DIRECTOR****03/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date