

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001997

Entity Name: ONCURE MEDICAL CORP.**Current Principal Place of Business:**2270 COLONIAL BLVD
FORT MYERS, FL 33907**Current Mailing Address:**2270 COLONIAL BLVD
FORT MYERS, FL 33907 US**FEI Number:** 59-3191053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name COLLINS, DAN
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name ROLFO, ALDO
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name MAYNOR, ROSA
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name WOODWARD, ALLAN
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name POWELL, CHARLIE
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name KOONTZ, BRIDGETT
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

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: ALLAN WOODWARD

TREASURER

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date