

2019 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	TREASURER
Name	HOWARD, BLAKE
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	ASST. SECRETARY
Name	JACKSON, SARAH
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	CEO, DIRECTOR
Name	COMMINS-TZOUMAKAS, KIM
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	SECRETARY, DIRECTOR
Name	GARRIGUES, AMY
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	CFO, DIRECTOR
Name	HIGGINS, TODD
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: BLAKE HOWARD

TREASURER

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date