## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

350526

JENSEN RADIOTHERAPY PROFESSIONAL ASSOCIATION

**FILED** 

May 01 1998 8:00am

Secretary of State

						il <b>e</b> kil eil / elek elek <b>i</b> el
Principal Place of Business Mailing Address					r inglikë trini assit dërbi ëstra kikin bist dia	ni gigit gigit Elëtt gigit gjett tëst
	DRE BOULEVARD		3301 BAYSHORE BOULEVARD			
#2208 TAMPA FL 33629		#2208 TAMPA FL 33629		DO NOT WRITE IN THIS SPACE		
**************************************	~~~	THIN A LE GOODE		3. Date Incorporated or Qualified		
					08/08/1969	
2. Principal P	Place Business Hore BLVD	2a. Mailing Address			4. FEI Number	Applied For
21 3001 FD/F45 NOKE 15000 26					59-1266670	Not Applicable
Suite, Apt.	2208	Suite, Apt 4, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City			هـ		8, Election Campaign Financing	\$5.00 May Be
			1		Trust Fund Contribution	Added to Fees
			Coun	try	This corporation owes or has paid the second of the s	<b>-</b>
24] ))	25 Name and Address of Current I	29 Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Regist	Yes No
		noglatered Agent		Name	TU. Hame and Address of New Regist	elen Wallt
JENSEN, RALPH						
3301 BAYSHORE BOULEVARD, #2208 TAMPA FL 33629			8	82 Street Address (P.O. Box Number is Not Acceptable)		
			8	13		
			ε	14 City		<b>85</b> Zip Code
44 Diversion	12 No. 12	- 1007 4000 Ft. 14. <b>0</b> 1.				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of region sest agient	OP AND A COLUMN TO THE COLUMN	U. Decistored	Vanas sissastis	ulred when reinstating)	
12,	OFFICERS AND		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD	☐ OFLETE	1.1 1111		ADDITIONS/OTANGED TO OTT ICEN	Change Addition
NAME	JENSEN, RALPH		1.2 NAM	E I		
STREET ADDRESS	3301 BAYSHORE BLVD #2208		1.3 STRE	ET ADDRESS	0	
CITY-ST-ZIP	TAMPA, FL 00000-			-ST-ZIP	33624	
TITLE		☐ DELET <b>E</b>	2.1 TITL			Change Addition
NAME			2.2 NAM	ŧ	. •	
STREET ADDRESS			2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			2. 4 CITY	r-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		}
CITY-ST-ZIP			3.4. City	'-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	lE .		į
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TALE		DELET <b>e</b>	5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	et address		
CITY-ST-ZIP			5.4 CITY	- ST - <b>Z</b> IP		
TITLE		DELET <b>E</b>	6.1 TITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Ralph Jensen