FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **479423** **(6)**

1. Corporation Name

CENTRAL FLORIDA RADIATION ONCOLOGY GROUP, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 344 ORLANDO FL 32802	P.O. BOX 344 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1975**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1604331**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

RON KROCHAK, M.D.
730 W. OAK STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

91 Name: Robert Purdon, MD
92 Street Address (P.O. Box Number is Not Acceptable): 100 E. HAZZARD ST.
93
94 City: EUSTIS FL 95 Zip Code: 32726

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: X _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☒ Change ☐ Addition
NAME	FORBES, ALAN	12 NAME	FORBES, ALAN - DELETE
STREET ADDRESS	200 N MANGOUSTINE	13 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	LOOPER, JOHN	22 NAME	LOOPER, JOHN - DELETE
STREET ADDRESS	2100 GLENWOOD DR	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	DICKERSON, DON	32 NAME	DICKERSON, DON - DELETE
STREET ADDRESS	200 N MANGOUSTINE AVE	33 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP	
TITLE	VST	41 TITLE	☒ Change ☐ Addition
NAME	LESTER, STEVEN	42 NAME	LESTER, STEVEN - DELETE
STREET ADDRESS	2100 GLENWOOD DR	43 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	S/T ☒ Change ☐ Addition
NAME	KROCHAK, RONALD	52 NAME	KROCHAK, RONALD
STREET ADDRESS	730 W OAK ST	53 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	ORMOND BEACH, FL
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	PURDON, ROBERT L	62 NAME	
STREET ADDRESS	100 E HAZZARD ST	63 STREET ADDRESS	
CITY ST ZIP	EUSTIS FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0005872 CP