

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497016

FILED
Apr 26, 2007
Secretary of State

Entity Name: SARASOTA RADIATION & MEDICAL ONCOLOGY CENTER, INC.

Current Principal Place of Business:

3663 BEE RIDGE ROAD
SARASOTA, FL 34233

New Principal Place of Business:

New Mailing Address:

610 NEWPORT CENTER DRIVE
SUITE 350
NEWPORT BEACH, CA 92660 US

Current Mailing Address:

3663 BEE RIDGE ROAD
SARASOTA, FL 34233

FEI Number: 59-1664395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTER MD, ALAN H,
Address: 3663 BEE RIDGE
City-St-Zip: SARASOTA, FL 00000,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: ZEHNER, RICHARD N
Address: 610 NEWPORT CENTER DR., STE. 350
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: PD () Change (X) Addition
Name: GOFFMAN, JEFFREY A
Address: 610 NEWPORT CENTER DR., STE. 350
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: T () Change (X) Addition
Name: BAKER, RICHARD A
Address: 610 NEWPORT CENTER DR., STE. 350
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: SD () Change (X) Addition
Name: PHILLIPS, JR., RUSSELL D
Address: 610 NEWPORT CENTER DR., STE. 350
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: AS () Change (X) Addition
Name: CROWLEY, DAVID J
Address: 610 NEWPORT CENTER DR., STE. 350
City-St-Zip: NEWPORT BEACH, CA 92660 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID J. CROWLEY

AS

04/26/2007

Electronic Signature of Signing Officer or Director

Date