## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 497016**

FILED May 11, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3663 BEE RIDGE ROAD SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 610 NEWPORT CENTER DRIVE 188 INVERNESS DRIVE WEST SUITE 350 SUITE 650 NEWPORT BEACH, CA 92660 US ENGLEWOOD, CO 80112 FEI Number: 59-1664395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete (X) Change ( ) Addition ZEHNER, RICHARD N CHERNOW, DAVID Name: Name: 610 NEWPORT CENTER DR., STE. 350 188 INVERNESS DRIVE WEST SUITE 650 Address: Address: City-St-Zip: NEWPORT BEACH, CA 92660 US City-St-Zip: ENGLEWOOD, CO 80112 US Title: PD Title: () Delete (X) Change ( ) Addition CHERNOW, DAVID Name: GOFFMAN, JEFFREY A Name: 610 NEWPORT CENTER DR., STE. 350 188 INVERNESS DRIVE WEST SUITE 650 Address: Address: NEWPORT BEACH, CA 92660 US ENGLEWOOD, CO 80112 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: () Delete BAKER, RICHARD A CHOATE, DUANE Name: Name: 610 NEWPORT CENTER DR., STE. 350 188 INVERNESS DRIVE WEST SUITE 650 Address: Address: NEWPORT BEACH, CA 92660 US City-St-Zip: ENGLEWOOD, CO 80112 US City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition PHILLIPS, JR., RUSSELL D PHILLIPS, JR., RUSSELL D Name: Name: Address: 610 NEWPORT CENTER DR., STE. 350 Address: 188 INVERNESS DRIVE WEST SUITE 650 City-St-Zip: City-St-Zip: NEWPORT BEACH, CA 92660 US ENGLEWOOD, CO 80112 US Title: Title: (X) Change ( ) Addition () Delete CROWLEY, DAVID J CROWLEY, DAVID J Name: Name: 610 NEWPORT CENTER DR., STE. 350 Address: 188 INVERNESS DRIVE WEST SUITE 650 Address: City-St-Zip: NEWPORT BEACH, CA 92660 CA City-St-Zip: ENGLEWOOD, CO 80112 US

I hereby certify that the information supplied with this filing does not qualify 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 CROWLEY VP 05/11/2008