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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:10

DOCUMENT # 551973 (1)

1. Corporation Name

TALLAHASSEE RADIATION ONCOLOGY AND HYPERBARIC ME DICINE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2010 DELTA BLVD TALLAHASSEE FL 32303 US	2010 DELTA BLVD TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1977
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 7531 Buck Lake Road
Suite, Apt. #, etc. 22
City & State 23 Tallahassee, FL
Zip 24 32301 Country 25

2a. Mailing Address
26 7531 Buck Lake Road
Suite, Apt. #, etc. 27
City & State 28 Tallahassee, FL
Zip 29 32301 Country 30

4. FEI Number: 59-1776463 ☐ 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

9. Name and Address of Current Registered Agent

BILEK, F S
7531 BUCK LAKE RD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BILEK, F.S.	1.2 NAME	
STREET ADDRESS	7531 BUCK LAKE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	~~SP~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GARDNER,W H~~	2.2 NAME	
STREET ADDRESS	~~2010 DELTA BLVD~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TALLAHASSEE,FL 00000~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Frank S. Bilek, M.D. 3/21/95 (904)877-9978
(FRANK S. BILEK, M.D.)
SIGNATURE AND TITLE OF AUTHORIZED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0026604 CP