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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 601156 (3)  
1. Corporation Name  
PALM BEACH RADIATION ONCOLOGY ASSOCIATES - SUNDE  
RAM K. SHETTY, M.D., P.A.



Principal Place of Business  
901 45TH STREET  
WEST PALM BEACH FL 33407

Mailing Address  
901 45TH STREET  
WEST PALM BEACH FL 33407-2413

3. Date Incorporated or Qualified 06/27/1969  
3a. Date of Last Report 05/01/1996

|  |   |  |   |
|--|---|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br>59-1263695<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|---|

9. Name and Address of Current Registered Agent

HENRY, THORNTON M ESQ.  
505 S. FLAGLER DR., SUITE 1100  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   |  |
| NAME                       | SHETTY, SUNDERAM K       | 1.2 NAME  |  |
| STREET ADDRESS             | 901 45TH STREET          | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33407 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD                      | 2.1 TITLE   |  |
| NAME                       | HARMON, CLAUDE M         | 2.2 NAME  |  |
| STREET ADDRESS             | 901 45TH STREET          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33407 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 3.1 TITLE   |  |
| NAME                       |                          | 3.2 NAME  |  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 4.1 TITLE   |  |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 5.1 TITLE   |  |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 6.1 TITLE   |  |
| 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 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: \_\_\_\_\_ (SUNDERAM K. SHETTY) 2/17/97 (561)881 2815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)