


FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 016 ***558.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 601156					
1. Entity Name PALM BEACH RADIATION ONCOLOGY ASSOCIATES - SUNDERAM K. SHETTY, M.D., P.A.					
Principal Place of Business 901 45TH STREET WEST PALM BEACH, FL 33407		Mailing Address 102 QUAYSIDE DRIVE JUPITER, FL 33477			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1263695	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DASS, KISHORE K 102 QUAYSIDE DRIVE JUPITER, FL 33477				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when "removing".) DATE _____</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHETTY, SUNDERAM K <input checked="" type="checkbox"/> Delete 901 45TH STREET WEST PALM BEACH, FL 33407		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARMON, CLAUDE M <input type="checkbox"/> Delete 901 45TH STREET WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DASS, KISHORE M.D. <input type="checkbox"/> Delete 102 QUAYSIDE DRIVE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, ANNE MD <input type="checkbox"/> Delete 12973 DOCK WAY PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEROLD, DAVID M <input type="checkbox"/> Delete 1240 S. OLD DIXIE HWY JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Anne M. Lewis</u> Anne Lewis, Director <u>7/3/07</u> <u>(561) 635-0733</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					