2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 601156

Entity Name: PALM BEACH RADIATION ONCOLOGY ASSOCIATES - SUNDERAM K. SHETTY, M.D., P.A.

Current Principal Place of Business:

901 45TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

102 QUAYSIDE DRIVE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 59-1263695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DASS, KISHORE K
102 QUAYSIDE DRIVE
JUPITER, FL 33477 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:	STD	( ) Delete
Name:	HARMON, CLAUDE M	
Address:	901 45TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	DASS, KISHORE M.D.	
Address:	102 QUAYSIDE DRIVE	
City-St-Zip:	JUPITER, FL 33477	
Title:	D	( ) Delete
Name:	LEWIS, ANNE MD	
Address:	12973 DOCK WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	HEROLD, DAVID M	
Address:	1240 S. OLD DIXIE HWY	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ANNE LEWIS MD D 04/27/2009

Electronic Signature of Signing Officer or Director — Date