

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601156

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**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  
Name: HARMON, CLAUDE M  
Address: 901 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: DASS, KISHORE M.D.  
Address: 102 QUAYSIDE DRIVE  
City-St-Zip: JUPITER, FL 33477

Title: D  
Name: LEWIS, ANNE MD  
Address: 12973 DOCK WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: HEROLD, DAVID M  
Address: 1240 S. OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: ANNE LEWIS, MD

D

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date