

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 JAN 27 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A22550**

**OKALOOSA COMMUNITY RADIATION THERAPY ONCOLOGY CE  
NTER, LTD.**

97-AR-45  
CM



Mailing Address

999 MAR WALT DRIVE  
FT. WALTON BEACH FL 32548

Principal Office Address

999 MAR WALT DRIVE  
FT. WALTON BEACH FL 32548

3. Date Formed or Registered

05/14/1986

5a. Capital Contributions as  
Shown on record.

**\$263,886.50**

3a. Date of Last Report

12/21/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

59-2758773

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**DAVIS, SHELDON P.**  
**315 E. MADISON ST., SUITE 820**  
**TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

100 South Ashley Dr, Suite 890

Suite, Apt. #, etc.

City

Tampa

FL

Zip Code

33602

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**RADIATION THERAPY INVESTMENT**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~315 E. MADISON ST., S~~

100 South Ashley Dr  
Suite 890

11b. City, State & Zip Code

TAMPA FL

11c. Registration/  
Document Number

J35877

100002077501--0  
-02/04/97--01179--003  
\*\*\*\*550.00 \*\*\*\*550.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/12/96

Typed or Printed Name of General Partner Signing Form

Gerald H. Sokol

Daytime Telephone Number

(813) 221-8302

CR2E003 (6/96)