

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN -4 AM 8:12

1. Name of Limited Partnership

1a. DOCUMENT #  
A22550

OKALOOSA COMMUNITY RADIATION THERAPY ONCOLOGY  
CENTER, LTD.



Mailing Address

Principal Office Address

999 MAR WALT DRIVE  
FT. WALTON BEACH FL 32548

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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

12/31/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
100 SOUTH ASHLEY DR., SUITE 890  
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name Lucy K. Raulerson

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

5780 - 11th St - So

Suite, Apt. #, etc.

City

St. Petersburg

FL

Zip Code

33705

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)

Lucy K. Raulerson

DATE

12/30/98

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

RADIATION THERAPY INVESTMENT

100 SOUTH ASHLEY DRIV

TAMPA FL

J35877

500002750935--0  
-01/21/99-01119--024  
\*\*\*\*535.00 \*\*\*\*535.00

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

Gerald H. Sokol

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(727) 866-2347

CR2E003 (8/98)