

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

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001/20

OKALOOSA COMMUNITY RADIATION THERAPY ONCOLOGY  
CENTER, LTD.

1. Name of Limited Partnership	1a. DOCUMENT # <b>A22550</b>	
OKALOOSA COMMUNITY RADIATION THERAPY ONCOLOGY CENTER, LTD.		
Mailing Address	Principal Office Address	
999 MAR WALT DRIVE FT. WALTON BEACH FL 32548	999 MAR WALT DRIVE FT. WALTON BEACH FL 32548	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
8. Make check payable to: Dept. of State (See reverse side for fee information)		

3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
05/14/1986	\$263,886.50
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
12/31/1997	
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <b>59-2758773</b> <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
DAVIS, SHELDON P 100 SOUTH ASHLEY DR., SUITE 890 TAMPA FL 33602	Name <i>Lucy K. Rawlerson</i> Street Address (P.O. Box Number Is Not Acceptable) <i>5780 - 11th St. - 50</i> Suite, Apt. #, etc. City <i>St. Petersburg</i> Zip Code <i>FL 33705</i>		

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 Rawlerson*

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
<p><i>500002750935--0</i>  <i>-01/21/98-01119-024</i>  <i>****535.00 ****535.00</i> </p>			

**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) 866-2349*

CR2E003 (8/98)