

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

99 MAY 10 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A30302

ST. LUCIE COUNTY RADIATION ONCOLOGY, LTD.

Mailing Address

Principal Office Address

2171 SANDY DRIVE
STATE COLLEGE PA 16803
US

1780 SE HILLMORE DRIVE
PORT ST. LUCIE FL 33452

3. Date Formed or Registered

06/27/1990

5a. Capital Contributions as
Shown on record

\$1,001,250.00

3a. Date of Last Report

05/07/1998

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

64-0244882

65-0244882 ☐ 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

ONCOLOGY SERVICES CORPORATION
1780 SE HILLMORE DRIVE
PORT ST. LUCIE FL 33452

10. If changed, new Registered Agent/Office

Name

Equimed, Inc.

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

1780 SE Hillmore Dr

Suite, Apt. #, etc.

City

Port St. Lucie

FL

Zip Code

33452

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

5/5/99

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

EQUIMED, INC.

2171 SANDY DR.

STATE COLLEGE PA 1680

F96000000545

R00002876338--3
-05/17/99--01006--019
****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

DATE

2/3/99

Typed or Printed Name of General Partner Signing Form

DEVLIN R. COLKITT

Daytime Telephone Number

814 231 0318

CR2E003 (8/98)