

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02663**

1. Entity Name  
 WEST COAST RADIOTHERAPY CENTER, INC.



Principal Place of Business  
 6449-38 AVENUE NORTH  
 ST. PETERSBURG, FL 33710

Mailing Address  
 6449-38 AVENUE NORTH  
 ST. PETERSBURG, FL 33710



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2044379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SOLC, ZUCEL M.D.  
 6449-38 AVENUE NORTH  
 ST. PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UN10000087117  
 03/12/04-80051-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	SOLC, ZUCEL
STREET ADDRESS	1515 SILVER MOON LANE
CITY-ST-ZIP	PALM HARBOR, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ZUCEL SOLC (PRES)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 7273843735  
Date Daytime Phone #