


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 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	
DO NOT WRITE IN THIS SPACE		 01172007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2044379 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000614859 02/06/07-80048-019 150.00	
<small>TITLE</small>	PST		
<small>NAME</small>	SOLC, ZUCEL		
<small>STREET ADDRESS</small>	1515 SILVER MOON LANE		
<small>CITY-ST-ZIP</small>	PALM HARBOR, FL		
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	