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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25118

1. Entity Name
JOHN WHITFIELD WELLS, JR., M.D., RADIATION ONC OLOGY, P.A.

Principal Place of Business	Mailing Address
ORANGE PARK CANCER CENTER 2161 KINGSLEY AVE ORANGE PARK, FL 32073 US	6730 EPPING FOREST WAY NORTH VILLA 101 JACKSONVILLE, FL 32217 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2267504 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELLS, JOHN W., JR. 6730 EPPING FOREST WAY NORTH VILLA 101 JACKSONVILLE, FL 32217	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE AMOUNT FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Amended (UBR) $ 61.25 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WELLS, JOHN WHITFIELD,JR.	NAME	700022740027
STREET ADDRESS	6730 EPPING FOREST WAY NORTH, #101	STREET ADDRESS	09/04/03--01005--007 **58.75
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (1/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John W. Wells MD President 08/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 904-276-2303

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