


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H57994 1. Entity Name RADIATION THERAPY CENTERS OF BREVARD, INC.		
Principal Place of Business C/O JAMES C. GIEBINK, MD 1033 S FLORIDA AVE ROCKLEDGE, FL 32955	Mailing Address C/O JAMES C. GIEBINK, MD 1033 S FLORIDA AVE ROCKLEDGE, FL 32955	

FILED

04 MAR 31 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2538867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

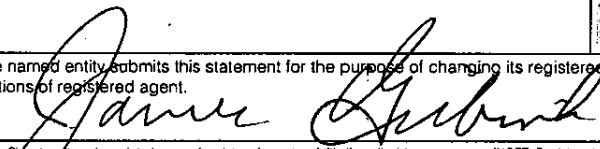
6. Name and Address of Current Registered Agent

GIEBINK, JAMES C., MD
1033 S FLORIDA AVE
ROCKLEDGE, FL 32955

**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



Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-04

**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

000032018450
04/07/04--01004--004 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GIEBINK, JAMES C., MD 1033 S FLORIDA AVE ROCKLEDGE, FL
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

See above for signature