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May 28, 2008 8:00 am
Secretary of State
04-04-2008 90025 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H57994

1. Entity Name
RADIATION THERAPY CENTERS OF BREVARD, INC.

Principal Place of Business	Mailing Address
C/O JAMES C. GIEBINK, MD 1033 S FLORIDA AVE ROCKLEDGE, FL 32955	C/O JAMES C. GIEBINK, MD 1033 S FLORIDA AVE ROCKLEDGE, FL 32955

66012408

02162008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2538867
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 James Giebink 4-23-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS:$150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GIEBINK, JAMES C., MD
STREET ADDRESS	1033 S FLORIDA AVE
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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 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: James Giebink 5-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #