


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90128 029 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # J35877**

1. Corporation Name

**RADIATION THERAPY INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

5780 11TH ST S

5780 11TH ST SO

~~SUITE 890~~~~SUITE 890~~

ST PETE FL 33705

ST PETE FL 33705

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1986

4. FEI Number

59-2745216

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, SHELTON P., ESQ.**  
~~100 SOUTH ASHLEY DRIVE~~  
~~SUITE 890~~  
~~TAMPA FL 33602~~

81 Name **Lucy Raulerson**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5780 - 11TH ST South**  
 83 **St Petersburg**  
 84 City **St Petersburg** **FL** 85 Zip Code **33705**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lucy Raulerson*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, GERALD H.	1.2 NAME	
STREET ADDRESS	9248 VENDOME DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMBERG, ROBERT	2.2 NAME	
STREET ADDRESS	6222 JILL COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCCLEAN VA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, LUCY	3.2 NAME	
STREET ADDRESS	5780 11TH ST. SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (1/98)