

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K56811** (8)

1. Corporation Name

RADIATION THERAPY CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

**1561 W. FARIBANKS AVE.
WINTER PARK FL 32789
US**

**1561 W. FARIBANKS AVE.
WINTER PARK FL 32789
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1989

4. FEI Number

59-2922953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANICO, JAMES P ESO
111 S. MAITLAND AVE.
MAITLAND FL 32751**

81 Name

Albert Capouano

82 Street Address (P.O. Box Number is Not Acceptable)

800 N. Magnolia Avenue, Suite 1500

83

84 City

Orlando

FL

85 Zip Code

32803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, JOHN A	
STREET ADDRESS	2265 SPRINGS LANDING BLVD.	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GERSTLEY, JAMES K.	
STREET ADDRESS	1906 WINGFIELD DRIVE	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PINO Y TORRES, JOSE L.	
STREET ADDRESS	702 FAIR OAKS LANE	
CITY-ST-ZIP	MAITLAND FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GERSTLEY, JAMES K.	
STREET ADDRESS	1906 WINGFIELD DRIVE	
CITY-ST-ZIP	LONGWOOD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jose Luis Pino y Torres	
1.3 STREET ADDRESS	702 Fair Oaks Lane	
1.4 CITY-ST-ZIP	Maitland, Florida 32051	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE:

22 January 1998 (407) 628-0991

CR2E034 (10/97)