

2000 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-28-2000 90036 046 ***150.00

DOCUMENT # K56811

1. Entity Name

RADIATION THERAPY CONSULTANTS, P.A.

Principal Place of Business

1561 W. FARIBANKS AVE.
 WINTER PARK FL 32789
 US

Mailing Address

1561 W. FARIBANKS AVE.
 WINTER PARK FL 32789
 US

2. Principal Place of Business

3. Mailing Address

215 QUAYSIDE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MAITLAND, FL

Zip

Country

Zip

32751

Country

USA

4. FEI Number

59-2922953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOUANO, ALBERT
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
PINO Y TORRES, JOSE LUIS
700 FAIR OAKS LANE
MAITLAND FL 32051

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Luisa Pino
MARIA LUISA PINO

9/7/00

4076296397

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
04/56311

RADIATION THERAPY CONSULTANTS, P.A.

215 QUAYSIDE CIRCLE
MAITLAND, FLORIDA 32751

ph: (407)629-6397 fx: (407)629-5979

August 23, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: ~~Uniform Business Report~~
Radiation Therapy Consultants, P.A.
EIN: 59-2922953

To Whom It May Concern:

Enclosed is a 2000 Uniform Business Report (UBR) for Radiation Therapy Consultants, P.A., and a check for \$150.00 in payment of the annual filing fee. I did not receive the original UBR on behalf of the company. The first Report I received was the Second Notice. We have recently changed locations and this may have been a cause for this error. I receive mail at the old location and the tenants there do not do a good job filtering through mail that may pertain to my business purposes versus what is trash.

The report has a different address for principal place of business and for the mailing address. These two should be identical:

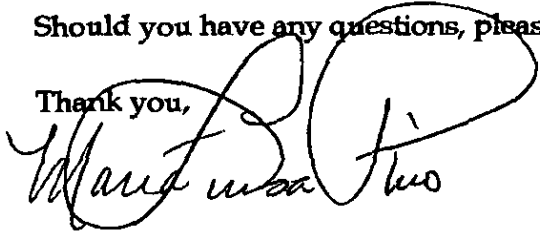
215 Quayside Circle
Maitland, Florida 32751

I recently receive^d the second notice from their offices and assume that the first notice probably was mailed to them also.

Please waive the late filing fee that would otherwise be due.

Should you have any questions, please do not hesitate to contact me at 407-629-6397.

Thank you,



Maria Luisa Pino, CPA
Administrator

encl.