

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000009

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA PROTON THERAPY INSTITUTE, INC.

Current Principal Place of Business:

2015 JEFFERSON STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2015 JEFFERSON STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 01-0554709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: AMDUR, ROBERT M.D.
Address: 2000 SOUTHWEST ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: ODEEN, PHILLIP
Address: 11050 TURTLE BEACH, RD, GREAT HOUSE C202
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: JONGEN, YVES
Address: 3,CHEMIN DU CYCLOTRON ION BEAM APPL.S.A.
City-St-Zip: LOUVAIN-LA-NEUVE,BELGIUM, OC

Title: D () Delete
Name: NEWTON, RUSSEL B
Address: 200 W. FORSYTH STREET, SUITE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BRUCE, KONE C M.D.
Address: 1600 SW ARCHER ROAD ROOM M-110
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: ROBINSON, WILLIAM J
Address: 1600 SW ARCHER ROAD ROOM 10-225
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STT (X) Change () Addition
Name: AMDUR, ROBERT J M.D.
Address: 2000 SW ARCHER ROAD, ROOM 1216
City-St-Zip: GAINESVILLE, FL 32608

Title: CPT (X) Change () Addition
Name: GOOD, MICHAEL M.D.
Address: 1600 SW ARCHER ROAD, ROOM M10
City-St-Zip: GAINESVILLE, FL 32610

Title: CEO (X) Change () Addition
Name: KLEIN, STUART L
Address: 2015 JEFFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T (X) Change () Addition
Name: NEWTON, JR., RUSSEL B
Address: 200 W. FORSYTH STREET, SUITE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Change () Addition
Name: MENDENHALL, MAMCY P M.D.
Address: 2015 JEFFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T (X) Change () Addition
Name: POPPELL, EDWARD J
Address: 204 TIGERT HALL
City-St-Zip: GAINESVILLE, FL 32610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART KLEIN

CEO

03/24/2009

Electronic Signature of Signing Officer or Director

Date