## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000009

FILED Feb 15, 2011 Secretary of State

Entity Name: FLORIDA PROTON THERAPY INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

2015 JEFFERSON STREET JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

2015 JEFFERSON STREET JACKSONVILLE, FL 32206

FEI Number: 01-0554709 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.

TALLAHASSEE, FL 32301 US

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: STT

 Name:
 OKUNIEFF, PAUL M.D.

 Address:
 2033 MOWRY ROAD, SUITE 145

 City-St-Zip:
 GAINESVILLE, FL 32610

Title: CPT

Name: GOOD, MICHAEL M.D.

Address: 1600 SW ARCHER ROAD, ROOM M10

City-St-Zip: GAINESVILLE, FL 32610

Title: CEO

 Name:
 KLEIN, STUART L

 Address:
 2015 JEFFERSON STREET

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: T

Name: NEWTON, JR., RUSSEL B

Address: 200 W. FORSYTH STREET, SUITE 1600

City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: MENDENHALL, NANCY P M.D.
Address: 2015 JEFFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title:

Name: POPPELL, EDWARD J Address: 204 TIGERT HALL City-St-Zip: GAINESVILLE, FL 32610

I hereby 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 all other like empowered.

SIGNATURE: STUART KLEIN CEO 02/15/2011