

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007383

FILED
Apr 30, 2008
Secretary of State

Entity Name: GULF REGION RADIATION ONCOLOGY CENTERS, INC.

Current Principal Place of Business:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKATHORN, PETER
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

HECKATHORN, PETER
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 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: PETER HECKATHORN

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR () Change (X) Addition
Name: GERALD, LOWREY
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Change (X) Addition
Name: MICHAEL, REDMOND
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Change (X) Addition
Name: ANDY, POPPLE
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Change (X) Addition
Name: BUDDY, ELMORE
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR () Change (X) Addition
Name: SIDNEY, SCARBOROUGH
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR () Change (X) Addition
Name: TERESA, SMITH
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

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: BUDDY ELMORE

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date