2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N07000007383

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: 26-0623827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HECKATHORN, PETER
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 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:	MGR	( ) Delete
Name:	GERALD, LOWREY	
Address:	8333 NORTH DAVIS HIGHWAY	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	MICHAEL, REDMOND	
Address:	8333 NORTH DAVIS HIGHWAY	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	ANDY, POPPLE	
Address:	8333 NORTH DAVIS HIGHWAY	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	BUDDY, ELMORE	
Address:	5151 NORTH NINTH AVENUE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	MGR	( ) Delete
Name:	SIDNEY, SCARBOROUGH	
Address:	5151 NORTH NINTH AVENUE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	MGR	( ) Delete
Name:	TERESA, SMITH	
Address:	5151 NORTH NINTH AVENUE	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 01/21/2009
Electronic Signature of Signing Officer or Director — Date