

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007383

FILED
Feb 16, 2011
Secretary of State

Entity Name: GULF REGION RADIATION ONCOLOGY CENTERS, INC.

Current Principal Place of Business:

1545 AIRPORT BLVD
SUITE 1000
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

1545 AIRPORT BLVD
SUITE 1000
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 26-0623827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: LOWREY, GERALD
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR
Name: REDMOND, MICHAEL
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR
Name: POPPLE, ANDY
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: MGR
Name: ELMORE, BUDDY
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR
Name: SCARBOROUGH, SIDNEY
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR
Name: SMITH, TERESA
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

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: BUDDY ELMORE

MGR

02/16/2011

Electronic Signature of Signing Officer or Director

Date