2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007383

FILED Jan 05, 2012 Secretary of State

Entity Name: GULF REGION RADIATION ONCOLOGY CENTERS, INC.

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

1545 AIRPORT BLVD **SUITE 1000** PENSACOLA, FL 32504

New Mailing Address: Current Mailing Address:

1545 AIRPORT BLVD **SUITE 1000** PENSACOLA, FL 32504

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

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

HECKATHORN, PETER 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

LOWREY, GERALD Name:

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

Title: MGR

Name: MURRAY, JENNIFER Address: 8333 NORTH DAVIS HIGHWAY City-St-Zip: PENSACOLA, FL 32514

Title: MGR

POPPLE, ANDY Name:

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

Title: MGR

Name: ELMORE, BUDDY

Address: 5151 NORTH NINTH AVENUE City-St-Zip: PENSACOLA, FL 32504

Title: MGR

SUNNENBERG, THOMAS Name: 5151 NORTH NINTH AVENUE Address: City-St-Zip: PENSACOLA, FL 32504

Title:

SMITH, TERESA Name:

Address: 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504 City-St-Zip:

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 01/05/2012