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(City/State/Zip/Phone #)

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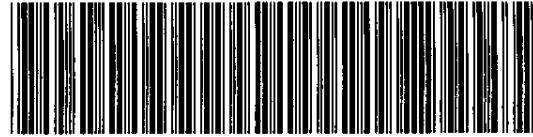
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T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Registry for Prostate Cancer Radiosurgery  
Name of Corporation

**DOCUMENT NUMBER:** N11000008799

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Freeman, MD  
Name of Contact Person

Firm/Company

694 8th St. North  
Address

Naples, FL 34102  
City/State and Zip Code

d.freeman-md@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Freeman  
Name of Contact Person

at ( 239 ) 262-5168  
Area Code & Daytime Telephone Number

Enclosed is a 3 \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**\* \* \* FILING FEE: \$35.00 \* \* \***