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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

N97000001348 (8)

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CCCOUSARY OF STATE

RADIA	ITION THERAPY MEDICAL	ONCOLOGY IPA, INC.	•	TALLAHASSEE. FLORIDA
Principal Plac	ce of Business	Mailing Address		
2323 CURLEW ROAD STE 7E 2323 CURLEW ROAD STE PALM HARBOR FL 34683 PALM HARBOR FL 34683		: 7E		
		. 16	3. Date Incorporated or Qualified 03/03/1997	
1				
				4. FEI Number Applied For Not Applicable
21	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat	le	City & State		Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?
23		28		Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 💹 No
<del></del>	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
JACOBSON, CHARLES J				
	URLEW ROAD STE 7E		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	IARBOR FL 34683		83	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 City	leel To Code
				FL 86 Zip Code
11. Pursuant	to the provisions of Sections 617.09	EOD and C17 1500 Elevida Clatu	tee the shows named our	
office or r	registered agent, or both, in the Sta	te of Florida, Such change was	authorized by the corners	rporation submits this statement for the purpose of changing its registered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617.0503, Fl	authorized by the corpora orida Statutes.	rporation submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
office or r agent. I a SIGNATURE	am familiar with, and accept the obli	igations of, Section 617.0503, Fi	orida Statutes.	
agent. I a	am familiar with, and accept the obli Signature, typed or printed name of registered a	igations of, Section 617.0503, Fi	authorized by the corpora orida Statutes.  IE. Registored Agent algorature requ	ulred when reinstating) DATE
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14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the riceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.