


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P01000012933 | |  |
| 1. Entity Name TEAM RAD ONC, INC. | | |
| Principal Place of Business 3155 N. MCMULLEN BOOTH RD CLEARWATER, FL 33761 | Mailing Address 3155 N. MCMULLEN BOOTH RD CLEARWATER, FL 33761 | |



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3704554 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GAUWITZ, MICHAEL D 3155 N MCMULLEN BOOTH RD CLEARWATER, FL 33761 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000827893 02/22/08-80008-018 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEISLER, ROBERT F M.D. 624 BELLE ISLE AVENUE BELLAIRE, FL 34634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAUWITZ, MICHAEL M.D. 4781 HAMPTON COURT OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRODSKY, NORMAN J M.D. 1346 PRESERVATION WAY OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Robert F. Geisler* 2/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #