

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019330

FILED
Apr 30, 2004
Secretary of State

Entity Name: GOLD COAST RADIATION ONCOLOGY ASSOC. P.A.

Current Principal Place of Business:

FOSHAY CANCER CENTER
1240 S. OLD DIXIE HIGHWAY
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 32757
PALM BEACH GARDENS, FL 334202757

New Mailing Address:

FEI Number: 03-0400689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, THORNTON M ESQ.
505 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33041 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33041 US

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: THORNTON M. HENRY, MANAGER

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMON, CLAUDE A M.D.
Address: POST OFFICE BOX 31985
City-St-Zip: PALM BEACH GARDENS, FL 334201985

Title: D () Delete
Name: SHETTY, SUNDERAM K M.D.
Address: POST OFFICE BOX 31985
City-St-Zip: PALM BEACH GARDENS, FL 334201985

Title: VD () Delete
Name: DASS, KISHORE K M.D.
Address: POST OFFICE BOX 31985
City-St-Zip: PALM BEACH GARDENS, FL 334201985

Title: STD () Delete
Name: LEWIS, ANNE M M.D.
Address: POST OFFICE BOX 31985
City-St-Zip: PALM BEACH GARDENS, FL 334201985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE A. HARMON, MD

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date