

4/22/03 90041 014 x 150 de

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 22 AM 8:00

DOCUMENT # P02000006048

**1. Corporation Name**

Independent Radiation Therapists of Florida, P.A.

**2. Principal Office Address**

10135 S.W. 135th Court

Suite, Apt. #, etc.

**3. Mailing Office Address**

10135 S.W. 135th Court

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34432

Country

USA

Zip

344362

Country

USA

**REINSTATEMENT** 03  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

02-0535654

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Richard W Vaden

Street Address (P.O. Box Number is Not Acceptable)

10135 S.W. 135th Court

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34432

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/20/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard W Vaden	10135 S.W. 135th Court	Dunnellon, FL 34432

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W Vaden, President 10/20/03 352-220-1154

Date

Daytime Phone #

CR2E081 (10/02)