

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000054542

1. Entity Name

PENSACOLA RADIATION MEDICINE, P.A.



Principal Place of Business

1717 NORTH "E" STREET, STE 134
PENSACOLA, FL 32501-6339

Mailing Address

1717 NORTH "E" STREET, STE 134
PENSACOLA, FL 32501-6339

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEAVER, JEFFREY W
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEAVER, JOSEPH W M.D.
STREET ADDRESS 3711 CEYLON DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: *Joseph W. Weaver, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 850-469-2200
Daytime Phone #

FILED

04 APR 29 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/19/04 90290 042 \$150.00



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0068202	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

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IN THIS SPACE**

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