

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000054542

1. Entity Name
PENSACOLA RADIATION MEDICINE, P.A.



Principal Place of Business
**1717 NORTH E STREET
SUITE 134
PENSACOLA, FL 32501-6339**

Mailing Address
**1717 NORTH E STREET
SUITE 134
PENSACOLA, FL 32501-6339**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0068202

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000503334
04/26/06-80023-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WEAVER, JOSEPH W M.D.
1019 STORMY TERR
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Joseph W Weaver MD *Guillauer MD* **4/10/06** **850-469-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #