

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006345

FILED
May 04, 2006
Secretary of State

Entity Name: OKEECHOBEE REGIONAL CANCER CENTER, INC.

Current Principal Place of Business:

301 NE 19TH DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

301 NE 19TH DRIVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 76-0778341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
BRIDGEWATER, 1515 INDIAN RIVER BLVD SUITE
A 210
VERO BEACH, FL 329607103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODY, III, RONALD H M.D.
Address: 1701 GULFSTREAM AVE. #729
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: KRIMSLEY, ALAN M.D.
Address: 408 SW MAGNOLIA COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: HARTER, DAVID J
Address: 604 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RONALD H. WOODY, III, MD

D

05/04/2006

Electronic Signature of Signing Officer or Director

Date