

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 039 ***150.00

DOCUMENT # P05000006345

1. Entity Name
OKEECHOBEE REGIONAL CANCER CENTER, INC.



60033236



Principal Place of Business
**301 NE 19TH DRIVE
OKEECHOBEE, FL 34972**

Mailing Address
**301 NE 19TH DRIVE
OKEECHOBEE, FL 34972**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number
76-0778341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEC CONSULTANTS, INC.
BRIDGEWATER, 1515 INDIAN RIVER BLVD SUITE
A 210
VERO BEACH, FL 32960-7103**

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODY, III, RONALD H M.D.
1701 GULFSTREAM AVE. #729
FORT PIERCE, FL 34949** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RONALD H. WOODY
7210 RESERVE CREEK DR.
PORT ST. LUCIE, FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRIMSLEY, ALAN M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARTER, DAVID J
604 WEST MIDWAY ROAD
FORT PIERCE, FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

281-337-3423

Daytime Phone #