

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006345

FILED  
Apr 28, 2011  
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:**

4400 COUNTRY CLUB DRIVE  
DICKINSON, TX 77539

**New Mailing Address:**

301 NE 19TH DRIVE  
OKEECHOBEE, FL 34972

**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:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD SUITE A210  
A 210  
VERO BEACH, FL 329607103 US

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: ROBERT RAPPEL, DO JD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODY, RONALD H  
Address: 7210 RESERVE CREEK DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD WOODY

DR

04/28/2011

Electronic Signature of Signing Officer or Director

Date