

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000006345

**FILED**  
**Mar 20, 2012**  
**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.  
1515 INDIAN RIVER BLVD SUITE A210  
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

**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 H. WOODY

D

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date