

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056644

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** RADIATION MEDICINE PHYSICIANS, PA

**Current Principal Place of Business:**

11950 COUNRTY RD 101, STE 105  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

11950 COUNTRY RD 101, STE 105  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

PO BOX 951987  
LAKE MARY, ST 32795

**New Mailing Address:**

PO BOX 951987  
LAKE MARY, FL 32795 US

**FEI Number:** 26-2772020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUST, LYNN B  
1220 EAST LIVINGSTON STREET  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

AUST, LYNN B  
1220 EAST LIVINGSTON STREET  
ORLANDO, FL 32803 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:** LYNN B. AUST

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P,T  
**Name:** CATALANO, DAVID DR.  
**Address:** P.O. BOX 951987  
**City-St-Zip:** LAKE MARY, FL 32795 US

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:** DR. DAVID CATALANO

P,T

02/09/2011

Electronic Signature of Signing Officer or Director

Date