

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 11:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P39652

(3)

1. Corporation Name

ORLANDO RADIATION CARE, INC.

Principal Place of Business

Mailing Address

**52 WEST GORE ST
ORLANDO FL 32806
US**

**1155 HAMMOND DRIVE. BLDG A
ATLANTA GA 30328**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

58-1972084

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	Chairman / CEO / Director ☒ Change ☐ Addition
NAME	D'AMICO, RICHARD	1.2 NAME	Abraham Gasman
STREET ADDRESS	1155 HAMMOND DR BLDG A	1.3 STREET ADDRESS	1155 Hammond Dr., Bldg. A
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	Atlanta GA 30328
TITLE	T	2.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	WALKER, RANDY	2.2 NAME	Frederick Leathers
STREET ADDRESS	1155 HAMMOND DR BLDG A	2.3 STREET ADDRESS	SAME AS ABOVE
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	MEYERS, DAVID P.	3.2 NAME	Richard Mann
STREET ADDRESS	1155 HAMMOND DR BLVD A	3.3 STREET ADDRESS	SAME AS ABOVE
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR