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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUM									
*	OLA RADIATION ONC	OLOGY, P.A.							
LHOAD	OLK HADIKHON ONO	000011111					N aa 1000 (614)		
Principal Place of	Business	Mailing Address						ABBI 1011 1001	
1717 NORTH E ST		1717 NORTH E ST	1717 NORTH E ST						
SUITE 131 PENSACOLA FL 32501		SUITE 131	SUITE 131 PENSACOLA FL 32501						
		PENSAGULA PL 32301		3. Date Incorporated or Qualified		3a. Date of Last Report			
		De Mailine Address			07/30/1993 4. FEI Number		10/05/1995 Applied For		
_2, Principa: Place 21	e of Business	F-n ~	2a. Mailing Address		59-3195130			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired 5 \$8.75 Addi				
22			w			<u>.</u>		equired	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23] Zgr	Country	28	Country	·	8. This corporation has liability for	r intangible t			
24	25	29	30		Florida Statutes 🔣 Ye	es 🗌 No			
	9. Name and Address of Cu	urrent Registered Agent		1	10. Name and Address of New	Registered	Agent		
			81	Name					
WEAVER, JOSEPH W			82	Street Add	lress (P.O. Box Number is Not Accept	able)			
1717 NOF			83	 					
SUITE 131 PENSACOLA FL 32501				1 01			85 Zip	Code	
			84	_		FL	-		
or registered familiar with, SIGNATURE	d agent, or both, in the State of , and accept the obligations of,	Florida, Such change was authorz Section 607.0605, Florida Statutes	ed by the con 5.	poration \$ boa	oration submits this statement for the pard of directors. I hereby accept the ap	opointment a	s registered	agent. I am	
	gradure, typical or pointed maine of registered	n agent and trike if applicable (NO SEAND DIRECTORS	13.	ent signature requin	ed when reinstaling! ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12	
12.	D DELETE		1. 1 THILE		1120111011001111020110		Change	☐ Addition	
NAME	WEAVER, JOSEPH W		1.2 NAME						
STEEL ANDRESS 1717 NORTH E ST SUITE 131			13 STHE	FT ADDRESS					
City - ST_ZiE	PENSACOLA FL 33501		1.4 CITY				Change	Addition	
tiner		Detere	2 1 11111				Criange	Aquition	
NAME			2 2 NAM8	ET ADDRESS					
STREET ADURESS			2 4 CiTY						
CITY \$1-7IP		[] DELFTE	3 1 THU				Change	Addition	
NAME			3.2 NAMI	E					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
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3711		☐ DELETE	4 1 1111	!			Change	☐ ¥00mm	
NAME			4.2 NAM	ET ADDRESS					
STREET ADDRESS			4 3 STRE						
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NAME		_	5.2 NAM	l l					
STREET ACCORESS			5 3 STRE	ET ADDRESS					
City St-7if			5.4 CITY	- ST - 71P			5 3.0	F**) 4 1 1 1	
TILLE		☐ DELETE	5 1 TITE				Change	Addition	
MAME			6.2 NAM	1					
STREET ADDRESS				EL ADDRESS					
CITY S1-ZP			64 CiTY	- ST - ZIF					

14. Ido 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 certify 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:

STONE PLANT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-29-96 Date: Day on the Printed P

CR2E034 (12/95)