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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000023372 (3)**

1. Corporation Name

**RADIATION ONCOLOGY ASSOCIATES OF MARION - CITRUS  
COUNTIES, CHARTERED**



Principal Place of Business

Mailing Address

**2020 S.E. 17TH STREET  
OCALA FL 34471**

**2020 S.E. 17TH STREET  
OCALA FL 34471**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PADGETT, GLENN A  
10 AVIATOR WAY  
ORMOND BEACH FL 32174**

81 Name

**Michael P. Hill**

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

**2020 S.E. 17th Street**

83

84 City **Ocala**

**FL**

85 Zip Code  
**34471**

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 607.05, Florida Statutes.

SIGNATURE

*Michael P. Hill*  
Signature, typed or printed name of registered agent and title if applicable

**Michael P. Hill, Admin. Director**

**3/1/96**

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **ANDERSON, NORMAN H M.D.**

STREET ADDRESS **2020 S.E. 17TH STREET**

CITY-STATE-ZIP **OCALA FL 34471**

TITLE **VSTD** ☐ DELETE

NAME **PUTZEYS, ROBERTY M.D.**

STREET ADDRESS **2020 S.E. 17TH STREET**

CITY-STATE-ZIP **OCALA FL 34471**

TITLE **VSTD** ☐ DELETE

NAME **BUCKY, G. STEVEN M.D.**

STREET ADDRESS **2020 S.E. 17TH STREET**

CITY-STATE-ZIP **OCALA FL 34471**

TITLE **VSTD** ☐ DELETE

NAME **BRANT, TIMOTHY A M.D.**

STREET ADDRESS **2020 S.E. 17TH STREET**

CITY-STATE-ZIP **OCALA FL 34471**

TITLE **ST** ☐ DELETE

NAME **HILL, MICHAEL P**

STREET ADDRESS **2020 S.E. 17TH STREET**

CITY-STATE-ZIP **OCALA FL 34471**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**800001746398  
-03/18/96--01029--008**

**\*\*\*200.00**

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:

*Michael P. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael P. Hill, Admin. Dir. 3/1/96 (352) 732-0509**

Date

Daytime Phone

CR2E034 (12/95)