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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
2020 S.E. 17TH STREET  
OCALA FL 34471

Mailing Address  
2020 S.E. 17TH STREET  
OCALA FL 34471-4118

3. Date Incorporated or Qualified  
03/21/1994

3a. Date of Last Report  
03/15/1996

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

25

29

30

4. FEI Number  
59-3235017

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, MICHAEL P  
2020 S.E. 17TH STREET  
OCALA FL 34471

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: Use a clear printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ANDERSON, NORMAN H M.D.  
STREET ADDRESS 2020 S.E. 17TH STREET  
CITY- ST- ZIP Ocala FL 34471 ☐ DELETE

TITLE VSTD  
NAME PUTZEYS, ROBERTY M.D.  
STREET ADDRESS 2020 S.E. 17TH STREET  
CITY- ST- ZIP Ocala FL 34471 ☐ DELETE

TITLE VSTD  
NAME BUCY, G. STEVEN M.D.  
STREET ADDRESS 2020 S.E. 17TH STREET  
CITY- ST- ZIP Ocala FL 34471 ☐ DELETE

TITLE VSTD  
NAME BRANT, TIMOTHY A M.D.  
STREET ADDRESS 2020 S.E. 17TH STREET  
CITY- ST- ZIP Ocala FL 34471 ☐ DELETE

TITLE ST  
NAME HILL, MICHAEL P  
STREET ADDRESS 2020 S.E. 17TH STREET  
CITY- ST- ZIP Ocala FL 34471 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/M ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE V/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE V/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/20/97

(352) 732-0509

Date

Daytime Phone #

0437818

CR2E034 (9/96)