

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000023372**

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**

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90107 004 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDM** ☐ DELETE
NAME **ANDERSON, NORMAN H M.D.**
STREET ADDRESS **2020 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **PUTZEYS, ROBERTO**
STREET ADDRESS **2020 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **BUCY, G. STEVEN M.D.**
STREET ADDRESS **2020 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **BRANT, TIMOTHY A M.D.**
STREET ADDRESS **2020 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (1/98)