2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000023372

1. Entity 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

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3235017
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDM
NAME	ANDERSON, NORMAN H M.D.
STREET ADDRESS	2020 S.E. 17TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	BENNETT, JOSEPH C JR
STREET ADDRESS	2020 S.E. 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	BUCY, G. STEVEN M.D.
STREET ADDRESS	2020 S.E. 17TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	BRANT, TIMOTHY A M.D.
STREET ADDRESS	2020 S.E. 17TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	ST
NAME	HILL, MICHAEL P
STREET ADDRESS	2020 S.E. 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	KAMATH, SACHIN S
STREET ADDRESS	2020 SE 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471

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02/04/04-80148-011 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Hill MICHAEL P. HILL 1-7-04 3528610440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #