

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060706 (5)

1. Corporation Name

FLORIDA RADIATION MEDICAL, P.A.



Principal Place of Business

2024 BLUE HAWK COURT
SUITE 1821
CLEARWATER FL 34622

Mailing Address

2024 BLUE HAWK COURT
SUITE 1821
CLEARWATER FL 34622

3. Date Incorporated or Qualified
08/07/1995

3a. Date of Last Report
N.A.

2. Principal Place of Business

2a. Mailing Address

21 2841 OWL Avenue

26 2841 OWL Avenue

4. FEI Number
59- 3331803

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

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

24 Zip

Country USA

29 Zip

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON AMMOS, LORI L
13577 EATHER SOUND DRIVE
SUITE 900
CLEARWATER FL 34622

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 607.1506, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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SIGNATURE:

Charles A. Brooks / CHARLES A. BROOKS 6-1-96 (813) 776 6671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E034 (12/95)