2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062658

CHARLOTTE COMMUNITY RADIATION ONCOLOGY. INC

FILED Apr 26, 2007 Secretary of State

Entity Nan	ne: CHARLO	THE COMMUNITY RADIATION	ONCOLOGY, INC.			
Current Principal Place of Business:			New Princ	cipal Place of Business:		
	BOR BLVD. LOTTE, FL 33	952				
Current Mailing Address:			New Maili	New Mailing Address:		
3080 HARBOR BLVD. PT. CHARLOTTE, FL 33952			SUITE 350	610 NEWPORT CENTER DRIVE SUITE 350 NEWPORT BEACH, CA 92660 US		
FEI Number:	65-0607550	FEI Number Applied For ()	FEI Number Not Appl	olicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE. 4 WESTON, FL 33331 US			1201 HAYS	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US		
	named entity s of Florida.	submits this statement for the pu	ırpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE: DAVID J.	CROWLEY		04/26/2007		
	Electron	ic Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PORTER, ALAN 3663 BEE RIDG	SE ROAD	Title: Name: Address: City-St-Zip:	ED (X) Change () Addition ZEHNER, RICHARD N 610 NEWPORT CENTER DR., STE. 350 NEWPORT BEACH, CA 92660 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	PD () Change (X) Addition GOFFMAN, JEFFREY A 610 NEWPORT CENTER DR., STE. 350 NEWPORT BEACH, CA 92660 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition BAKER, RICHARD A 610 NEWPORT CENTER DR., STE. 350 NEWPORT BEACH, CA 92660 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition PHILLIPS, JR., RUSSELL D 610 NEWPORT CENTER DR., STE. 350 NEWPORT BEACH, CA 92660 US		
Title: Name: Address:	()	Delete	Title: Name: Address:	AS () Change (X) Addition CROWLEY, DAVID J 610 NEWPORT CENTER DR., STE, 350		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: NEWPORT BEACH, CA 92660 US

SIGNATURE: DAVID J. CROWLEY AS 04/26/2007

City-St-Zip: