2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P95000081229

Entity Name: NORTH FLORIDA RADIATION ONCOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1300 MICCOSUKEE ROAD
DEPARTMENT OF RADIATION ONCOLOGY
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 14446
TALLAHASSEE, FL 323174446 US

New Mailing Address:

FEI Number: 59-3345536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAUGH, EMILY S
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BOLEK, TIMOTHY W MD
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VS ( ) Delete
Name: SHARP, PHILIP V MD
Address: 1300 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change ( ) Addition
Name: BOLEK, TIMOTHY W MD
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: P (X) Change ( ) Addition
Name: SHARP, PHILIP V MD
Address: 1300 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Change (X) Addition
Name: WICKSTRUM, DALE A MD
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PHILIP V SHARP MD P 03/06/2008

Electronic Signature of Signing Officer or Director — Date