

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028598

FILED
Aug 02, 2004
Secretary of State

Entity Name: MID-FLORIDA RADIATION ONCOLOGY, P.A.

Current Principal Place of Business:

1701 GULFSTREAM AVENUE
#729
FT. PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

MID FLORIDA RADIATION
4400 COUNTRY CLUB DR
DICKINSON, TX 77539 US

New Mailing Address:

MID FLORIDA RADIATION ONCOLOGY, P.A.
4400 COUNTRY CLUB DR
DICKINSON, TX 77539 US

FEI Number: 65-0659572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, RONALD H III
1701 GULFSTREAM AVENUE
FT. PIERCE, FL 34949 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODY, RONALD H
Address: 1701 GULFSTREAM AVENUE, #729
City-St-Zip: FT. PIERCE, FL 34949

Title: V () Delete
Name: ALAN S KRIMSLEY,
Address: 408 SW MAGNOLIA COVE
City-St-Zip: PORT ST LUCIE, FL

Title: ST () Delete
Name: RAMESH T KUMAR,
Address: 1523 SW MOCKINGBIRD CIR
City-St-Zip: PORT ST LUCIE, FL

Title: O () Delete
Name: HARTER, DAVID J
Address: 4811 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODY, RONALD H
Address: 1701 GULFSTREAM AVENUE, #729
City-St-Zip: FT. PIERCE, FL 34949 US

Title: VP (X) Change () Addition
Name: KRIMSLEY, ALAN S
Address: 408 S.W. MAGNOLIA COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: ST (X) Change () Addition
Name: KUMAR, RAMESH T
Address: 11168 LANDS END CHASE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: O (X) Change () Addition
Name: HARTER, DAVID J
Address: 4811 S.W. THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD H. WOODY, III, M.D.

D

08/02/2004

Electronic Signature of Signing Officer or Director

Date