

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 016 ***150.00

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



Principal Place of Business
1701 GULFSTREAM AVENUE
#729
FT. PIERCE, FL 34949

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

14000735



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0659572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRD
NAME	WOODY, RONALD H
STREET ADDRESS	1701 GULFSTREAM AVENUE, #729
CITY - ST - ZIP	FT. PIERCE, FL 34949
TITLE	VP
NAME	KRIMSLEY, ALAN S
STREET ADDRESS	408 S.W. MAGNOLIA COVE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	ST
NAME	KUMAR, RAMESH T
STREET ADDRESS	11168 LANDS END CHASE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	RD
NAME	HARTER, DAVID J
STREET ADDRESS	4811 S.W. THISTLE TERRACE
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ronald H. Woody 4/22/05 (281) 337-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #