

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90083 006 \*\*\*150.00

**DOCUMENT # P96000028598**

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

40099622



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0659572	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODY, RONALD H 1701 GULFSTREAM AVENUE, #729 FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KRIMSLEY, ALAN S 408 S.W. MAGNOLIA COVE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, DAVID J 4811 S.W. THISTLE TERRACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD H. WOODY, MD

Date

Daytime Phone #

7/14/06 (281) 337-3423