


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 040 \*\*\*150.00

<b>DOCUMENT # P96000028598</b>	
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
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**60033235**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 604 W. MIDWAY RD.	Suite, Apt. #, etc.
City & State FT. PIERCE, FL	City & State
Zip 34982	Country USA

03192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0659572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WOODY, RONALD H III 1701 GULFSTREAM AVENUE FT. PIERCE, FL 34949	
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7. Name and Address of New Registered Agent Name <b>RONALD WOODY, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>7210 RESERVE CREEK DR</b> City <b>PORT ST. LUCIE</b> FL Zip Code <b>34986</b>	
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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 <u><i>Ronald Woody M.D.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODY, RONALD H 1701 GULFSTREAM AVENUE, #729 FT. PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD H. WOODY, M.D 7210 RESERVE CREEK DR PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KRIMSLEY, ALAN S 408 S.W. MAGNOLIA COVE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, DAVID J 4811 S.W. THISTLE TERRACE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Ronald Woody M.D.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/28/07 281-337-3423 Date Daytime Phone #