

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90004 024 ***150.00

DOCUMENT # P96000028598

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



Principal Place of Business

604 W MIDWAY RD
FORT PIERCE, FL 34982

Mailing Address

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

400-



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOODY, RONALD H III
7210 RESERVE CREEK DR
PORT SAINT LUCIE, FL 34986

**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 12, 2008**

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 7210 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08

Date

281-337-3423

Daytime Phone #