

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028598

FILED  
Apr 28, 2011  
Secretary of State

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

**Current Principal Place of Business:**

604 W MIDWAY RD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

604 W MIDWAY RD  
FORT PIERCE, FL 34982

**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  
7210 RESERVE CREEK DR  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER DRIVE  
SUITE A210  
VERO BEACH, FL 32960 US

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: ROBERT RAPPEL, DO JD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOODY, RONALD H  
Address: 7210 RESERVE CREEK DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: DST  
Name: KRIMSLEY, ALAN S  
Address: 408 S.W. MAGNOLIA COVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby 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 all other like empowered.

SIGNATURE: RONALD H. WOODY

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date