

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085218 (1)

1. Corporation Name
CENTER FOR RADIATION ONCOLOGY OF TAMPA, INC.

Principal Place of Business 717 W. ROBERTSON BRANDON FL 33511	Mailing Address 717 W. ROBERTSON BRANDON FL 33511-4921
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3409962		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOONEY, MARK F 1211 W. FLETCHER AVENUE TAMPA FL 33612				81 Name KATHRYN L. KEPES			
				82 Street Address (P.O. Box Number is Not Acceptable) 717 W. ROBERTSON			
				83			
				84 City BRANDON FL 85 Zip Code 33511			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kathryn L. Kepes* DATE **5/19/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRES KATHRYN L. KEPES
STREET ADDRESS		1.3 STREET ADDRESS	4503 COUNTRY GATE CT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	VALRICO FL 33594
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRES. JOHN R. STEEL
STREET ADDRESS		2.3 STREET ADDRESS	10265 GANDY BLVD #1512
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TREAS STUART WASSERMAN
STREET ADDRESS		3.3 STREET ADDRESS	16010 WILMINGTON PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SEC WILLIAM WEDDING
STREET ADDRESS		4.3 STREET ADDRESS	16143 GARDENDALE DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **5/14/97** (813) 661-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)