

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000030506

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Entity Name:** RADIATION ONCOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

6 PLEASANT VIEW CIRCLE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1089  
DAYTONA BEACH, FL 321151089

**New Mailing Address:**

**FEI Number:** 59-3455499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YAEGER, THEODORE E III  
404 SOUTH BEACH STREET  
STE 1202  
DAYTONA BEACH, FL 32114 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: YAEGER, THEODORE E MD  
Address: 6 PLEASANT VIEW CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32118

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: MARGARET H YAEGER

AGT

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date