FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:44

DOCUMENT # S32334 (2)

1. Corporation Name

CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
680 PEACHWOOD DR DELAND FL 32720 US	680 PEACHWOOD DR DELAND FL 32720 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3064229 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PURDON, ROBERT L M
100 E HAZZARD AVE Delete
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: MICHAEL PIEKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 680 Peachwood Dr.
83
84 City: DELAND FL 85 Zip Code: 32720

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	DV	☑ Change ☐ Addition
NAME	WEPPELMANN, BURKHARD M	12 NAME	WEPPLEMANN, BURKHART	
STREET ADDRESS	200 N MANGOUSTINE AVE	13 STREET ADDRESS	2281 Lee Rd. Ste 201	
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	DST	21 TITLE	DST	☑ Change ☐ Addition
NAME	DICKERSON, DON R.	22 NAME	DICKERSON, DON R.	
STREET ADDRESS	200 N MANGOUSTINE AVE	23 STREET ADDRESS	2281 Lee R. Ste 201	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Orland, FL 32802	
TITLE	DV	31 TITLE	DV	☑ Change ☐ Addition
NAME	LOOPER, JOHN D.	32 NAME	Lester, Steven	
STREET ADDRESS	2100 GLENWOOD DR.	33 STREET ADDRESS	2281 Lee Rd. Ste. 201	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	PD	41 TITLE	DV	☑ Change ☐ Addition
NAME	PURDON, ROBERT L	42 NAME	PURDON, ROBERT L.	
STREET ADDRESS	100 HAZZARD AVE	43 STREET ADDRESS	100 E HAZZARD AVE.	
CITY-ST-ZIP	EUSTIS FL	44 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DV	51 TITLE		☐ Change ☑ Addition
NAME	FORBES, ALAN R Delete	52 NAME	ROBERT SOLLACCIO	
STREET ADDRESS	200 N MANGOUSTINE AVE	53 STREET ADDRESS	2281 Lee Rd. Ste 201	
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	ORLANDO, FL 32802 BY MAY 1	
TITLE	DV	61 TITLE	DV RESIGNED	☑ Change ☐ Addition
NAME	KROCHAK, RONALD J	62 NAME	KROCHAK, RONALD J	
STREET ADDRESS	730 W OAK ST	63 STREET ADDRESS	873 STERTHAUS AVE.	
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP	ORMOND, FL 32714	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0038803 CP