FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **02/14/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3064229** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIRKOWSKI, MICHAEL
680 PEACHWOOD DR.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

Signature, Type or Printed Name of Registered Agent — Note: Registered Agent Signature Required by Law

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	WEPPELMANN, BURKHARD M		1.2 NAME	PIRKOWSKI, MICHAEL	
STREET ADDRESS	2281 LEE RD. STE 201		1.3 STREET ADDRESS	680 PEACHWOOD DR	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	DELAND, FL 32720	
TITLE	DST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, DON R.		2.2 NAME		
STREET ADDRESS	2281 LEE R. STE 201		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, STEVEN		3.2 NAME		
STREET ADDRESS	2281 LEE RD. STE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PURDON, ROBERT L		4.2 NAME		
STREET ADDRESS	100 HAZZARD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLLACCIO, ROBERT		5.2 NAME		
STREET ADDRESS	2281 LEE RD. STE. 201		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KROCHAK, RONALD J		6.2 NAME		
STREET ADDRESS	873 STERTHAUS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND FL		6.4 CITY-ST-ZIP		

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)(k), 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 attached sheet with an address.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)