

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**680 PEACHWOOD DR
DELAND FL 32720
US**

Mailing Address
**680 PEACHWOOD DR
DELAND FL 32720
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIRKOWSKI, MICHAEL
680 PEACHWOOD DR.
DELAND FL 32720**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **WEPELMANN, BURKHARD M**
STREET ADDRESS **2281 LEE RD. STE 201**
CITY - ST - ZIP **ORLANDO FL**

TITLE **P** ☐ DELETE
NAME **PIRKOWSKI, MICHAEL**
STREET ADDRESS **680 PEACHWOOD DR.**
CITY - ST - ZIP **DELAND FL**

TITLE **DV** ☐ DELETE
NAME **PURDON, ROBERT L**
STREET ADDRESS **100 HAZZARD AVE**
CITY - ST - ZIP **EUSTIS FL**

TITLE **DV** ☐ DELETE
NAME **SOLLACCIO, ROBERT**
STREET ADDRESS **2281 LEE RD. STE. 201**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DV** ☐ DELETE
NAME **KROCHAK, RONALD J**
STREET ADDRESS **873 STERTHAUS AVE**
CITY - ST - ZIP **ORMOND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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: **Robert J. Sollaccio** 1/16/98 (407) 812-7786

CR2E034 (10/97)