

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S32334**

1. Entity Name

**CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF****FILED****Feb 01, 2000 8:00 am  
Secretary of State**

02-01-2000 90130 017 \*\*\*150.00

Principal Place of Business

Mailing Address

**680 PEACHWOOD DR  
DELAND FL 32720  
US****680 PEACHWOOD DR  
DELAND FL 32720-0902  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3064229**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	WEPELMANN, BURKHARD M	
STREET ADDRESS	601 E. ALTAMONTE DR.	
CITY-ST-ZIP	ALTAMONTE FL 32701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	PIRKOWSKI, MICHAEL	
STREET ADDRESS	2501 N. ORANGE AVE. STE. 181	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	PURDON, ROBERT L	
STREET ADDRESS	100 HAZZARD AVE	
CITY-ST-ZIP	EUSTIS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	SOLLACCIO, ROBERT	
STREET ADDRESS	2501 N. ORANGE AVE. STE. 181	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	KROCHAK, RONALD J	
STREET ADDRESS	873 STERTHAUS AVE	
CITY-ST-ZIP	ORMOND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	SOMBECK, MICHAEL	
STREET ADDRESS	2501 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Michael Sombek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 (407) 872-7786