

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90023 040 ***158.75

DOCUMENT # S32334

1. Entity Name

CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF

Principal Place of Business

680 PEACHWOOD DR
 DELAND FL 32720
 US

Mailing Address

680 PEACHWOOD DR
 DELAND FL 32720
 US

00007711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 344

Suite, Apt. #, etc.

City & State

Orlando FL

4. FEI Number 59-3064229

Applied For

Not Applicable

Zip

Country

32802

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIRKOWSKI, MICHAEL
 680 PEACHWOOD DR.
 DELAND FL 32720

7. Name and Address of New Registered Agent

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, 2001 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
 NAME WEPPELMANN, BURKHARD M
 STREET ADDRESS 601 E. ALTAMONTE DR.
 CITY-ST-ZIP ALTAMONTE FL 32701 ☐ Delete

TITLE DV
 NAME Graham, Gary R.
 STREET ADDRESS 680 Peachwood Drive
 CITY-ST-ZIP Deland FL 32720 ☐ Change ☒ Addition

TITLE P
 NAME PIRKOWSKI, MICHAEL
 STREET ADDRESS 2501 N. ORANGE AVE. STE. 181
 CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
 NAME SOLLACCIO, ROBERT
 STREET ADDRESS 2501 N. ORANGE AVE. STE. 181
 CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
 NAME SOMBECK, MICHAEL
 STREET ADDRESS 2501 N. ORANGE AVE.
 CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

407 872 7786

Daytime Phone #

CR2E034 (10/00)