

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 027 ***158.75



DOCUMENT # S32334
 1. Entity Name
CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF VOLUSIA COUNTY, INC.

Principal Place of Business: **680 PEACHWOOD DR DELAND, FL 32720 US**
 Mailing Address: **114 PARK LAKE STR ORLANDO, FL 32803 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03062008 Chg-P CR2E034 (12/06)

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

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



6. Name and Address of Current Registered Agent
PIRKOWSKI, MICHAEL
114 PARK LAKE STR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
 Name: **Graham, Gary R.**
 Street Address (P.O. Box Number is Not Acceptable): **114 Park Lake St.**
 City: **Orlando** FL Zip Code: **32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gary Graham* **Graham, Gary R. President** 3/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	WEPELMANN, BURKHARD	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAHAM, GARY R	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PURDON, ROBERT L	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOLLACCIO, ROBERT	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KROCHAK, RONALD J	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	OLANDO, FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOMBECK, MICHAEL	
STREET ADDRESS	114 PARK LAKE STR	
CITY-ST-ZIP	ORLANDO, FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saunders, Eric L.	
STREET ADDRESS	114 Park Lake Str.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diamond, David A.	
STREET ADDRESS	114 Park Lake St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graham, Gary	
STREET ADDRESS	114 Park Lake St.	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____