

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32334

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

680 PEACHWOOD DR  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

114 PARK LAKE STR  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 59-3064229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRAHAM, GARY R  
114 LAKE ST.  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PURDON, ROBERT L MD  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803

Title: P  
Name: GRAHAM, GARY R MD  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: SAUNDERS, ERIC L MD  
Address: 114 PARK LAKE ST.  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: SOLLACCIO, ROBERT J MD  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: KROCHAK, RONALD J MD  
Address: 114 PARK LAKE STR  
City-St-Zip: OLANDO, FL 32803

Title: VP  
Name: SOMBECK, MICHAEL D MD  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY R. GRAHAM

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date