

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90310 001 \*\*\*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  
**PO BOX 344  
ORLANDO FL 32802  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3064229**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☐ Change ☒ Addition  
NAME **Graham, Gary**  
STREET ADDRESS **680 Peachwood Dr.**  
CITY-ST-ZIP **Deland FL 32720**

TITLE **P** ☐ Delete  
NAME **PIRKOWSKI, MICHAEL**  
STREET ADDRESS **601 E. ALTAMONTE DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Saunders, Eric**  
STREET ADDRESS **2501 N. Orange Ave, Ste 181**  
CITY-ST-ZIP **Orlando FL 32803**

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

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)