2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2014
Secretary of State
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Entity Name: CENTRAL FLORIDA RADIATION THERAPY ASSOCIATES OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

680 PEACHWOOD DR
DELAND, FL 32720

Current Mailing Address:

PO BOX 1031
ORLANDO, FL 32802 US

FEI Number: 59-3064229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMBECK, MICHAEL D MD
2501 N ORANGE AVE, SUITE 181
ORLANDO, FL 32802 US

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: MICHAEL D. SOMBECK, MD 05/08/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	PURDON, ROBERT LMD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	GRAHAM, GARY RMD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	SAUNDERS, ERIC LMD
Address	PO BOX 1031.
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	SOLLACCIO, ROBERT JMD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	KROCHAK, RONALD JMD
Address	PO BOX 1031
City-State-Zip:	OLANDO FL 32802

Title	P
Name	SOMBECK, MICHAEL DMD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	DIAMOND, DAVID A MD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	VP
Name	ALVAREZ-FARINETTI, ALVARO R MD
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

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: MICHAEL D. SOMBECK PRESIDENT 05/08/2014

Electronic Signature of Signing Officer/Director Detail — Date