

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P40036 (6)**  
 1. Corporation Name  
**RADIOSURGERY CENTERS, INC.**



Principal Place of Business Mailing Address  
**4440 VON KARMAN AVE** **4440 VON KARMAN AVE**  
**STE 320** **STE 320**  
**NEWPORT BEACH CA 92660** **NEWPORT BEACH CA 92660-2080**  
**US** **US**

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **03/13/1996**  
 4. FEI Number **33-0522445** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **4400 MacARTHUR BLVD, STE 800** 26 **4400 MacARTHUR BLVD, STE 800**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **NEWPORT BEACH, CA** 27 **ATTN: TAX DEPT.**  
 City & State City & State  
 23 **92660** 28 **NEWPORT BEACH, CA**  
 Zip Country Zip Country  
 24 **92660** 25 Country 29 **92660** 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**C T CORPORATION SYSTEM** 81 Name  
**1200 SOUTH PINE ISLAND ROAD** 82 Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33324** 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, E. LARRY	1.2 NAME	
STREET ADDRESS	4440 VON KARMAN, #320	1.3 STREET ADDRESS	4400 MacARTHUR BLVD., STE 800
CITY- ST- ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	S.T.V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROAL, THOMAS V.	2.2 NAME	
STREET ADDRESS	4440 VON KARMAN, #320	2.3 STREET ADDRESS	4400 MacARTHUR BLVD, STE 800
CITY- ST- ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ROBERT J	3.2 NAME	
STREET ADDRESS	4440 VON KARMAN AVENUE, SUITE 320	3.3 STREET ADDRESS	4400 MacARTHUR BLVD, STE 800
CITY- ST- ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT, FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BRIAN G. DRABBA
STREET ADDRESS		4.3 STREET ADDRESS	4400 MacARTHUR BLVD, STE 800
CITY- ST- ZIP		4.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brian G. Drabba** 2/13/97 714-476-0733  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)