FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H36131** **(1)**

1. Corporation Name

KATIN, DOSORETZ RADIATION THERAPY ASSOCIATES, P. A.

Principal Place of Business
% MICHAEL A. KYLE, M.D.
3680 BROADWAY
FT. MYERS FL 33901

Mailing Address
C/O DANIEL F. DOSORTZ, M.D.
1419 S E 8TH TERRACE
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 59-2485899 — 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. The corporation has taken or intends to take advantage of Section 631.1995 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DOSORETZ, DANIEL E.
3680 BROADWAY
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1608 Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 1.	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN M.D., JAMES H	NAME	
STREET ADDRESS	1419 S E 8TH TERRACE	STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, HOWARD M. M.D.	NAME	
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BLITZER, PETER H., M.D.	NAME	
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	CITY, ST, ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	KATIN, MICHAEL J. M.D.	NAME	
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	CITY, ST, ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	DOSORETZ, DANIEL E. M.D.	NAME	
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ee) 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Daniel E. Dosoretz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95

Daytime Phone #: 813-772-3508

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