

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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 E DOSORTZ, M.D.
1419 S E 8TH TERRACE
CAPE CORAL FL 33990
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1850 Boy Scout Dr

27 # 101

28 City & State

28 Ft Myers, FL

29 33907 30 Lee

3. Date Incorporated or Qualified
01/01/1985

3a. Date of Last Report
05/01/1995

4. FET 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. This corporation has liability for intangible tax under s. 199.032,
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 607.0502 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

Signature typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reissuing)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME RUBENSTEIN M.D., JAMES H
STREET ADDRESS 1419 S E 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE D
NAME SHERIDAN, HOWARD M. M.D.
STREET ADDRESS 3680 BROADWAY
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME BLITZER, PETER H., M.D.
STREET ADDRESS 3680 BROADWAY
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE PD
NAME KATIN, MICHAEL J. M.D.
STREET ADDRESS 3680 BROADWAY
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE SD
NAME DOSORETZ, DANIEL E. M.D.
STREET ADDRESS 3680 BROADWAY
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)