

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
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
1850 BOYSCOUT DR.
#101
FT. MYERS FL 33907-2127
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/01/1985

3a. Date of Last Report

05/01/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 Sections 22 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RUBENSTEIN M.D., JAMES H
STREET ADDRESS 1410 S E 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D
1.2 NAME RUBENSTEIN, JAMES H. MD
1.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
1.4 CITY-ST-ZIP FORT MYERS, FL 33907

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S/D
3.2 NAME BLITZER, PETER H. MD
3.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
3.4 CITY-ST-ZIP FORT MYERS, FL 33907

4.1 TITLE V/D
4.2 NAME KATIN, MICHAEL J. MD
4.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
4.4 CITY-ST-ZIP FORT MYERS, FL 33907

5.1 TITLE P/D
5.2 NAME DOSORETZ, DANIEL E. MD
5.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
5.4 CITY-ST-ZIP FORT MYERS, FL 33907

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE: DANIEL E. DOSORETZ MD

4/28/97

(94) 921-8794

CR2E034 (9/96)