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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **H77714** (4)

1. Corporation Name:

**CHARLOTTE COUNTY RADIATION THERAPY REGIONAL CENT  
ER, INC.**

Principal Place of Business:

Mailing Address:

3175 HARBOR BLVD.  
PORT CHARLOTTE FL 33952

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PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1985**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2570761**      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. 194.012, Florida Statutes:  Yes  No

2. Principal Place of Business:

2b. Mailing Address:

21. Suite, Apt. # etc.:

26. Suite, Apt. # etc.:

22. City & State:

28. City & State:

24. City:

25. County:

29. City:

30. County:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOSORETZ, DANEIL E M.D.  
3175 HARBOR BLVD  
PT CHARLOTTE FL 33952-3729**

B1. Name:

B2. Street Address (P.O. Box Number is Not Acceptable):

B3.

B4. City:

**FL**

B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0512 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 of Corporation or Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
1011 NAME: <b>DP SHERIDAN, TOWARD M.</b> STREET ADDRESS: <b>842 CAL COUSE DR FT. MYERS</b>	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1012 NAME: <b>D DOSORETZ, DANIEL E.</b> STREET ADDRESS: <b>15 POND ROSA WAY FT. MYERS FL</b>	12. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1013 NAME: <b>D KATIN, MICHAEL J.</b> STREET ADDRESS: <b>1212 COCONUT DRIVE FT. MYERS FL</b>	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1014 NAME:	14. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1015 NAME:	15. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	15. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1016 NAME:	16. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	16. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1017 NAME:	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	17. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1018 NAME:	18. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1019 NAME:	19. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	19. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.01(2)(b), Florida Statutes. Further, I certify that the information included in 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 firm or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 607.01(2)(b), Florida Statutes, or in an affidavit with an address.

SIGNATURE

DANEIL E. DOSORETZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Dosoretz

6/1/95

813-772-3200