

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **H77714**

1. Corporation Name  
**Charlotte County Radiation Therapy Regional Center, Inc.**

Principal Place of Business Mailing Address  
**3175 Harbor Blvd Port Charlotte, FL. 33952** **3175 Harbor Blvd. Port Charlotte, FL. 33952**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	1850 Boy Scout Dr # 101
23	City & State	27	Suite, Apt. #, etc.
24	Zip	28	City & State
25	Country	29	City & State
30	Country	30	Zip
		31	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	9-25-85		5-1-93
4	FBI Number	Applied For	
	59-2570761	Not Applicable	
5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**Daniel Dosoretz M.D.**  
**3175 Harbor Blvd**  
**Pt Charlotte, FL. 33952-3729**

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

**10. Name and Address of New Registered Agent**

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 the applicable

Public Registered Agent signature and address when not filing

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Sheridan, Howard M.	
STREET ADDRESS	842 Cal Cove Dr.	
CITY-ST-ZIP	Fort Myers, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Dosoretz, Daniel E.	
STREET ADDRESS	13221 Ponderosa Way	
CITY-ST-ZIP	Ft Myers, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Katin, Michael J.	
STREET ADDRESS	1212 Coconut Dr.	
CITY-ST-ZIP	Ft Myers, FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

300001870183 Change  Addition  
-06/20/96--01072-~~500~~ 0425/1132  
\*\*\*200.00

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: DANIEL E. DOSORETZ

741-936-6085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)