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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H77714** **(4)**

1. Corporation Name
CHARLOTTE COUNTY RADIATION THERAPY REGIONAL CENTER, INC.

Principal Place of Business
3175 HARBOR BLVD.
PORT CHARLOTTE FL 33952

Mailing Address
1850 BOYSCOUT DR., #101
FT. MYERS FL 33907-2127

3. Date Incorporated or Qualified: 09/25/1985
3a. Date of Last Report: 05/01/1996

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

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DOSORETZ, DANEIL E M.D.
3175 HARBOR BLVD
PT CHARLOTTE FL 33952-3729

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 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature — Title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: D/P NAME: SHERIDAN, HOWARD M. STREET ADDRESS: 842 CAL COVE DR CITY-ST-ZIP: FT. MYERS FL	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: D NAME: DOSORETZ, DANIEL E. STREET ADDRESS: 15 PONDEROSA WAY CITY-ST-ZIP: FT. MYERS FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D DOSORETZ, DANIEL E. MD 1850 BOY SCOUT DR., STE 102 FORT MYERS, FL 33907	☒ Change ☐ Addition
TITLE: D NAME: KATIN, MICHAEL J. STREET ADDRESS: 1212 COCONUT DRIVE CITY-ST-ZIP: FT. MYERS FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D KATIN, MICHAEL J. MD 1850 BOY SCOUT DR., STE 102 FORT MYERS, FL 33907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D BLITZER, PETER H. MD 1850 BOY SCOUT DR., STE 102 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T/D RUBENSTEIN, JAMES H. MD 1850 BOY SCOUT DR., STE 102 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Daniel E. Dosoretz MD 4/28/97 (941) 936-

CR2E034 (9/96)