

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1985	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Applied For Not Applicable	26. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	27. Applied For Not Applicable	28. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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

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

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, HOWARD M.	1.2 NAME	
STREET ADDRESS	842 CAL COVE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSORETZ, DANIEL E.	2.2 NAME	DOSORETZ, DANIEL E. MD
STREET ADDRESS	15 PONDEROSA WAY	2.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATIN, MICHAEL J.	3.2 NAME	V/D KATIN, MICHAEL J. MD
STREET ADDRESS	1212 COCONUT DRIVE	3.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S/D BLITZER, PETER H. MD
STREET ADDRESS		4.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T/D RUBENSTEIN, JAMES H. MD
STREET ADDRESS		5.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: SHERIDAN, HOWARD M. DOSORETZ, DANIEL E. KATIN, MICHAEL J. BLITZER, PETER H. RUBENSTEIN, JAMES H.
 4/28/97 (96) 936-

CR2E034 (9/96)