

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J35877 (6)

1. Corporation Name

RADIATION THERAPY INVESTMENTS, INC.



Principal Place of Business

% SHELDON DAVIS
315 E MADISON ST., SUITE 920
TAMPA FL 33602

Mailing Address

% SHELDON DAVIS
315 E MADISON ST., SUITE 920
TAMPA FL 33602

3. Date Incorporated or Qualified
09/30/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 100 South Ashley Dr, Ste 890
Suite, Apt. #, etc.

26 100 South Ashley Dr
Suite, Apt. #, etc.

22 Tampa FL
City & State

27 Ste 890
City & State

23 Tampa FL
Zip Country

28 Tampa FL
Zip Country

24 33602 25 USA

29 33602 30 USA

4. FEI Number
59-2745216

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

10. Name and Address of New Registered Agent

DAVIS, SHELDON P., ESQ.
315 E. MADISON ST.
SUITE 920
TAMPA FL 33602

81 Name

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

83 100 South Ashley Drive, Ste 890

84 City

Tampa

FL

85 Zip Code

33602

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 date valid.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SOKOL, GERALD H.
STREET ADDRESS 9248 VENDOME DR.
CITY-ST-ZIP BETHESDA MD

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLUMBERG, ROBERT
STREET ADDRESS 6222 JILL COURT
CITY-ST-ZIP MCCLEAN VA

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

TITLE S ☐ DELETE
NAME RAULERSON, LUCY
STREET ADDRESS 5780 11TH ST. SO.
CITY-ST-ZIP ST PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald H. Sokol

3/28/96 (413) 221-8302

Daytime Phone #

CR2E034 (12/95)