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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FILED May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J35877 (6)RADIATION THERAPY INVESTMENTS, INC. Principal Place of Business Mailing Address 100 SOUTH ASHLEY DRIVE 100 SOUTH ASHLYE DRIVE DO NOT WRITE IN THIS SPACE **TAMPA FL 33602** TAMPA FL 33602 3. Date Incorporated or Qualified 09/30/1986 2. Principal Place of Business 2a. Mailing Address Applied For 5780-11HS650 5780-11 th 59-2745216 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 25t Petersburg St Petersburg Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 4/ 29 33705 g. Name and Address of Current Registered Agent Pinellas □ No 4/2 24 10. Name and Address of New Registered Agent 81 Name DAVIS, SHELDON P., ESQ 100 SOUTH ASHLEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 890 83 **TAMPA FL 33602** 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, 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 agont and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITI F 1.5 TIYLE NAME SOKOL, GERALD H. 1.2 MANUE **CR2E034** 9248 VENDOME DR. STREET ADORESS 1.3 STREET ADDRESS BETHESDA MD 1.4 CITY-ST-ZIP Change Addition **BLUMBERG, ROBERT** 2.2 NAME 6222 JILL COURT STREET ADDRESS 2.3 STREET ADDRESS MCCLEAN VA CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change RAULERSON, LUCY NAME 3.2 NAME STREET ADDRESS 5780 11TH ST. SO. 3.3 STREET ADDRESS ST PETERSBURG FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY - ST- ZIP

- Gerald H. So Kol

61 TITLE

62 NAME 6.3 STREET ADDRESS

14. I 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.

Change

Addition

DELETE

um