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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K56811 (8)

1. Corporation Name
RADIATION THERAPY CONSULTANTS, P.A.

Principal Place of Business
1561 W. FARIBANKS AVE.
WINTER PARK FL 32789
US

Mailing Address
1561 W. FARIBANKS AVE.
WINTER PARK FL 32789-4801
US



3. Date Incorporated or Qualified 01/03/1989	3a. Date of Last Report 02/02/1996
4. FEI Number 59-2922953	Applied For <input type="checkbox"/> 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	

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

9. Name and Address of Current Registered Agent

PANICO, JAMES P ESQ
111 S. MAITLAND AVE.
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FLINK, HERMAN	
STREET ADDRESS	6454 DORA DR.	
CITY - ST - ZIP	MT DORA FL 32757	
TITLE	V	DELETE
NAME	PINO Y TORRES, JOSE L	
STREET ADDRESS	702 FAIR OAKS LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	S	DELETE
NAME	GERSTLEY, JAMES M.D.	
STREET ADDRESS	1906 WINGFIELD DR.	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	T	DELETE
NAME	BURNETT, JOHN A	
STREET ADDRESS	2265 SPRINGS LANDING BLVD.	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	BURNETT, JOHN A.		
1.3 STREET ADDRESS	2265 SPRINGS LANDING BOULEVARD		
1.4 CITY - ST - ZIP	LONGWOOD, FLORIDA 32779		
2.1 TITLE	VP	Change	Addition
2.2 NAME	GERSTLEY, JAMES K.		
2.3 STREET ADDRESS	1906 WINGFIELD DRIVE		
2.4 CITY - ST - ZIP	LONGWOOD, FLORIDA 32779		
3.1 TITLE	S	Change	Addition
3.2 NAME	PINO y TORRES, JOSE L.		
3.3 STREET ADDRESS	702 FAIR OAKS LANE		
3.4 CITY - ST - ZIP	MAITLAND, FLORIDA 32751		
4.1 TITLE	T	Change	Addition
4.2 NAME	GERSTLEY, JAMES K.		
4.3 STREET ADDRESS	1906 WINGFIELD DRIVE		
4.4 CITY - ST - ZIP	LONGWOOD, FLORIDA 32779		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 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 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: *John A. Burnett* REQUIRED
JOHN A. BURNETT, PRESIDENT
20 January 1997 (407)628-0991
Date Daytime Phone #

CR2E034 (9/96)