

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

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5/1/95 - 1 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L35162** (1)

1. Corporation Name  
**P.T. RADIATION THERAPY, INC.**

(DO NOT WRITE IN THIS SPACE)

Principal Name of Business: **C/O PETER H. BLITZER M.D.  
1419 SE 8TH TERRACE  
CAPE CORAL FL 33990**

Maining Address: **C/O PETER H. BLITZER M.D.  
1419 SE 8TH TERRACE  
CAPE CORAL FL 33990**

3. Date Incorporation Qualified <b>12/11/1989</b>	3a. Date of Last Report <b>07/07/1994</b>
4. FEI Number <b>65-0163425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. Does corporation have liability for intangible tax under 215, 216 or 217, Florida Statutes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Name of Business <b>21</b>	2b. Mailing Address <b>26</b>
State App # etc <b>22</b>	State App # etc <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
24	25
29	30

9. Name and Address of Current Registered Agent

**BLITZER, PETER H. M.D.  
1419 SE 8TH TERRACE  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607 (P47) and 607 (P48), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (5)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME <b>PVTS BLITZER PETER H. 1248 SHADOW LANE FORT MYERS FL 33901</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	2. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	8. TITLE	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	9. TITLE	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. TITLE	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified for the foregoing stated as per law of the State of Florida Statutes. I further certify that the information which appeared on the 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 familiar with and accept the obligations of the corporation of the removal or suspension of officers and directors in the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Peter H. Blitzer* **PETER H. BLITZER** **5/1/95 813-772-3202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR