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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT #   L35162   (1)

1. Corporation Name

P.T. RADIATION THERAPY, INC.

Principal Place of Business	Mailing Address
C/O PETER H. BLITZER M.D. 1419 SE 8TH TERRACE CAPE CORAL FL 33990	C/O PETER H. BLITZER M.D. 1419 SE 8TH TERRACE CAPE CORAL FL 33990

3. Date Incorporated or Qualified	3a. Date of Last Report
12/11/1989	**05/01/1995**

4. FEI Number   **65-0163425**   ☐ Applied For   ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1850 Boyscout Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 101
City & State 23	City & State 28 Ft Myers, FL.
Zip 24	Country 25	Zip 29 33907	30 Country Lee

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

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PVTS** NAME **BLITZER PETER H.** STREET ADDRESS **1248 SHADOW LANE** CITY-ST-ZIP **FORT MYERS FL 33901**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #