FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L35163** **(9)**

1. Corporate Name
S.M.A. RADIATION THERAPY, INC.

Principal Place of Business
MICHAEL J. KATIN, M.D.
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
US

Mailing Address
MICHAEL J. KATIN, M.D.
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: **65-0164051** — 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 subject to chapter 607 under s. 19 of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KATIN, J. MICHAEL (M.
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 Section 607.0505, and 607.0508, Florida Statutes, the above named corporation submits the 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PVPT
NAME	KATIN, MICHAEL J.
STREET ADDRESS	1212 COCONUT DRIVE
CITY, STATE, ZIP	FORT MYERS FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY, STATE, ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby affirm that to the best of my knowledge, the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the attached with an address.

SIGNATURE: MICHAEL J. KATIN — 5/1/95 — 813 772-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0331061 CP