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 # L35173 (8)

1. Corporation Name

J.S.P. RADIATION THERAPY, INC.

Principal Place of Business	Mailing Address
RUBENSTEIN, JAMES. H. MD 1419 SE 8TH TERRACE CAPE CORAL FL 33990 US	RUBENSTEIN, JAMES MD 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
4. FEI Number: 65-0164348 — 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. The corporation has liability for intangible tax under s. [illegible] Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

RUBENSTEIN, JAMES H
1419 SE 8TH TERR
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. [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	RUBENSTEIN, JAMES H. MD
STREET ADDRESS	13301 PONDEROSA WAY
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing [illegible] 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: [signature] JAMES H. RUBENSTEIN — 5/1/95 — 813-772-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0331962 CP