

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40036** (6)

1. Corporation Name
RADIOSURGERY CENTERS, INC.



Principal Place of Business Mailing Address
4440 VON KARMAN AVE STE 320 NEWPORT BEACH CA 92660 US

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **04/11/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		33-0522445	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, E. LARRY	1.2 NAME	
STREET ADDRESS	4440 VON KARMAN, #320	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROAL, THOMAS V.	2.2 NAME	
STREET ADDRESS	4440 VON KARMAN, #320	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ROBERT J	3.2 NAME	
STREET ADDRESS	4440 VON KARMAN AVENUE, SUITE 320	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA 92660	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE: _____ DATE: **1-12-96** DAYTIME PHONE: **(714) 476-0733**

CR2E034 (12/95)

RADIOSURGERY CENTERS, INC. OFFICERS

E. LARRY ATKINS
PRESIDENT
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

THOMAS V. CROAL
SECRETARY/TREASURER
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

ROBERT J. ARMSTRONG
VICE PRESIDENT, DESIGN AND CONSTRUCTION
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

DEBORAH MACFARLANE
VICE PRESIDENT, MARKETING
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

RADIOSURGERY CENTERS, INC. BOARD OF DIRECTORS

E. LARRY ATKINS
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

THOMAS V. CROAL
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660