

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P40036 (6)

1. Corporation Name
RADIOSURGERY CENTERS, INC.



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

Mailing Address
**4440 VON KARMAN AVE
 STE 320
 NEWPORT BEACH CA 92660-2080
 US**

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business
 21 **4400 MacARTHUR BLVD, STE 800** 26 **4400 MacARTHUR BLVD, STE 800**

4. FEI Number **33-0522445** Applied For Not Applicable

22 Suite, Apt #, etc. 27 **ATTN: TAX DEPT.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **NEWPORT BEACH, CA** 28 **NEWPORT BEACH, CA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **92660** 25 Country 29 **92660** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
NAME	ATKINS, E. LARRY	
STREET ADDRESS	4440 VON KARMAN, #320	
CITY- ST- ZIP	NEWPORT BEACH CA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CROAL, THOMAS V.	
STREET ADDRESS	4440 VON KARMAN, #320	
CITY- ST- ZIP	NEWPORT BEACH CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, ROBERT J	
STREET ADDRESS	4440 VON KARMAN AVENUE, SUITE 320	
CITY- ST- ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4400 MacARTHUR BLVD., STE 800
1.4 CITY- ST- ZIP	NEWPORT BEACH, CA 92660
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4400 MacARTHUR BLVD, STE 800
2.4 CITY- ST- ZIP	NEWPORT BEACH, CA 92660
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4400 MacARTHUR BLVD, STE 800
3.4 CITY- ST- ZIP	NEWPORT BEACH, CA 92660
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT, FINANCE
4.3 STREET ADDRESS	BRIAN G. DRABBA
4.4 CITY- ST- ZIP	4400 MacARTHUR BLVD, STE 800
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Brian G. Drabba** 2/13/97 714-476-0733
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)