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 # **P92000009474 (7)**

1. Corporation Name
COLLIER RADIATION THERAPY REGIONAL CENTER, P.A.

Principal Place of Business	Mailing Address
1419 SE 8TH TERRACE CAPE CORAL FL 33990	1419 SE 8TH TERRACE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0373774	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 liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22 — 27
City & State — 23 — 28
Zip — 24 — County — 25 — Zip — 29 — County — 30

9. Name and Address of Current Registered Agent

DANTON, VICKY
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(s) 607.0502 and/or 607.1008, 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D NAME: DOSORETZ, DANIEL E STREET ADDRESS: 3680 BROADWAY CITY, ST, ZIP: FT MYERS FL 33901	☐ Change ☐ Addition
D NAME: KATIN, MICHAEL J STREET ADDRESS: 3680 BROADWAY CITY, ST, ZIP: FT MYERS FL 33901	☐ Change ☐ Addition
D NAME: SHERIDAN, HOWARD M STREET ADDRESS: 3680 BROADWAY CITY, ST, ZIP: FT MYERS FL 33901	☐ Change ☐ Addition
D NAME: RUBENSTEIN, JAMES STREET ADDRESS: 3680 BROADWAY CITY, ST, ZIP: FT MYERS FL 33901	☐ Change ☐ Addition
D NAME: BLITZER, PETER STREET ADDRESS: 3680 BROADWAY CITY, ST, ZIP: FT MYERS FL 33901	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I/We 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. 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 13 above, or on an attachment with an address.

SIGNATURE: Daniel E. Dosoretz — 5/1/95 — 813-772-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0331048 CP