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 # **P93000020158 (0)**

1. Corporation Name

ASSOCIATES IN RADIATION MEDICINE, P.A.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0395997** ☐ 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

6. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DOSORETZ, DANIEL E M.D.
1419 SOUTHEAST 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 607.1508, 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR	13. ADDITION, CHANGE OR DELETION OF OFFICER AND/OR DIRECTOR
D DOSORETZ, DANIEL E M.D. 1419 SOUTHEAST 8TH TERRACE CAPE CORAL FL 33990	☐ Change ☐ Addition
D KATIN, MICHAEL J M.D. 1419 SOUTHEAST 8TH TERRACE CAPE CORAL FL 33990	☐ Change ☐ Addition
D BLITZER, PETER H M.D. 1419 SOUTHEAST 8TH TERRACE CAPE CORAL FL 33990	☐ Change ☐ Addition
D RUBENSTEIN, JAMES H M.D. 1419 SOUTHEAST 8TH TERRACE CAPE CORAL FL 33990	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing 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 Block 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 — Daytime Phone #

0031044 CP