FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 May 08 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Søcretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000020158 (0) ASSOCIATES IN RADIATION MEDICINE, P.A. Principal Place of Business Mailing Address 1419 SOUTHEAST BTH TERRACE 1850 BOYSCOUT DR. CAPE CORAL FL 83990 FT. MYERS FL 33807-2127 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 65-0395997 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOSORETZ, DANIEL E M.D. 1419 SOUTHEAST 8TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 84 City Zip Code 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. I am familiar a familiar and familiar SIGNATURE and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE TITLE 1.1 TITLE Change Addition NAME *** DOSORETZ, DANIEL E. DOSORETZ, DANIEL E M.D. 1.2 NAME 1850 BOY SCOUT DR., STE 102 1419 SOUTHEAST 8TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS, FL 33907 CAPE CORAL FL 33990 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 18 DELETE 2.1 TITLE Change Addition KATIN, MICHAEL J. KATIN, MICHAEL J M.D. NAME 3 2.2 NAME 1850 BOY SCOUT DR., STE 102 1419 SOUTHEAST 8TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS, FL 33907 CAPE CORAL FL 33990 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE BLITZER, PETER H. BLITZER, PETER H M.D. NAME 3 3.2 NAME 1850 BOY SCOUT DR., STE 102 1419 SOUTHEAST 8TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS FORT MYERS, FL 33907 CAPE CORAL FL 33990 CITY-ST-ZIP 3.4, CITY - ST - ZIP Inte in DELETE 4.1 TITLE Change Addition RUBENSTEIN, JAMES H. NAME RUBENSTEIN, JAMES H M.D. 4 2 NAME 1850 BOY SCOUT DR., STE 102 1410 SOUTHEAST 8TH TERRACE STREET ADDRESS 4.3 STREET ADDRESS FORT MYERS, FL 33907 CAPE CORAL FL 33990 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 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 eath; that I am an officer or director of the corporation or the requirer or trusted 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 of chapter in the property of the corporation o (941) 936-8794 DANIEL E. ODSORETZ MO 428/97 SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ Change

Addition

DELETE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP