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 # P93000048237 (0)

1. Corporate Name

SOUTHEAST FLORIDA RADIATION THERAPY REGIONAL CENTER, INC.

Principal Place of Business: 201 N PINE ISLAND RD, PLANTATION FL 33324

Mailing Address: 201 N PINE ISLAND RD, PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0432373 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

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 S. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DANTON, VICTORIA
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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	TITLE — [ ] Change [ ] Addition
NAME	DOSORETZ, DANIEL E	NAME
STREET ADDRESS	1419 SE 8TH TERRACE	STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP
TITLE	D	TITLE — [ ] Change [ ] Addition
NAME	SHERIDAN, HOWARD M	NAME
STREET ADDRESS	1419 SE 8TH TERRACE	STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP
TITLE	D	TITLE — [ ] Change [ ] Addition
NAME	RUBENSTEIN, JAMES H	NAME
STREET ADDRESS	1419 SE 8TH TERRACE	STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP
TITLE	PD	TITLE — [ ] Change [ ] Addition
NAME	KATIN, MICHAEL J	NAME
STREET ADDRESS	1419 SE 8TH TERRACE	STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP
TITLE	D	TITLE — [ ] Change [ ] Addition
NAME	BLITZER, PETER H	NAME
STREET ADDRESS	1419 SE 8TH TERRACE	STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP
TITLE		TITLE — [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

14. I 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)(n), 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: [signature] Daniel E. Dosoretz — 5/1/95 — 813-772-3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231900 CP