

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048237 (0)

1. Corporation 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 organized **07/12/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0432373** 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 S. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

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State, Apt. # etc.

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City & State

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2a. Mailing Address

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State, Apt. # etc.

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City & State

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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 of Co. (Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. I, the undersigned, the president of the corporation named herein, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the place specified herein, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully qualified to accept this designation of service under S. 199.032, Florida Statutes.

SIGNATURE

(Signature of President)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: **STD**
DOSORETZ, DANIEL E
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
TITLE: **D**
NAME: **SHERIDAN, HOWARD M**
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
TITLE: **D**
NAME: **RUBENSTEIN, JAMES H**
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
TITLE: **PD**
NAME: **KATIN, MICHAEL J**
1419 SE 8TH TERRACE
CAPE CORAL FL 33990
TITLE: **D**
NAME: **BLITZER, PETER H**
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shall not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the registered agent has been properly notified of the change of office. I am fully qualified to accept this designation of service under S. 199.032, Florida Statutes. I hereby accept the appointment as registered agent. I am fully qualified to accept this designation of service under S. 199.032, Florida Statutes.

SIGNATURE: *Daniel E. Dosoretz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

813-772-3202