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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii

Secretary of State

DIVISION OF CORPORATIONS 1996

P93000048237 (0) **DOCUMENT #** 1. Corporation Name SOUTHEAST FLORIDA RADIATION THERAPY REGIONAL CEN

May 01 1996 8:00 am Secretary of State

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incipal Place o	of Business	Mailing Address							
201 N PINE IS PLANTATION F		201 N PINE ISLAND RE PLANTATION FL 33324	201 N PINE ISLAND RD PLANTATION FL 33324						
					3. Date incorporated or Qualified				
Principal Plac	ce of Business	2a, Mailing Address				4. FEI Number			Applied For
, , , , , , , , , , , , , , , , , , ,		26 1850 Boysco	ut D	r.		65-0432373			Not Applicabl
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		7 -	5 Additional Required
		27 # 101							00 May Be
Orty & State		Orty & State			•	Election Campaign Financing Trust Fund Contribution			ied to Fees
	Country	Ft Myers, I	71	ounitry		8. This corporation has liability for in	ntangible ta		
Zφ	Country 25	29 33907	30	Le		Florida Statutes	□ No		
	9. Name and Address of Curre	11		T		10. Name and Address of New R	egistered	Agent	
	5			81	Name				
DANTON, VICTORIA					Street Addr	ress (P.O. Box Number is Not Acceptable)			
1419 SE	8TH TERRACE			82		355 (1.0) Eloc (tall dot 10 (tot) Google (1.0)			
CAPE CO	ORAL FL 33990			63					
				84	City		FL	85	Zip Code
		IO DIRECTORS	13).	of Signature require	ADDITIONS/CHANGES TO OFF			
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Too nereby certify that the information supplied wan tris ling is vocturarly tormshed and open not quality to the exemption stated in account 19.0 (ptp), horizon squares industry certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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