

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000048237 (0)

1. Corporation Name

SOUTHEAST FLORIDA RADIATION THERAPY REGIONAL CEN
TER, INC.

Principal Place of Business

201 N PINE ISLAND RD
PLANTATION FL 33324

Mailing Address

201 N PINE ISLAND RD
PLANTATION FL 33324

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 1850 Boy Scout Dr.

27 Suite, Apt. #, etc.

28 # 101

City & State

28 Ft Myers, Fl

29 Zip

33907

30 Country

Lee

3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
05/01/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANTON, VICTORIA
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

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

Signature, typed or printed name, of registered agent or director

(If 1012 Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
DOSORETZ, DANIEL E
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHERIDAN, HOWARD M
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUBENSTEIN, JAMES H
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KATIN, MICHAEL J
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLUTZER, PETER H
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

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-06/17/96--01050--043
***200.00

14. I do 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Dasoretz

Date

Signature Printed #

CR2E034 (12/95)