


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000047710 (6)</b> 1. Corporation Name <b>BOCA RATON RADIATION THERAPY REGIONAL CENTER, INC.</b>					
Principal Place of Business <b>1419 SE 8TH TER CAPE CORAL FL 33990</b>			Mailing Address <b>1850 BOYSCOUT DR. #101 FT. MEYERS FL 33907-2127 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1994</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>65-0499697</b>	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DANTON, VICTORIA 1419 SE 8TH TER CAPE CORAL FL 33990</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
			<b>FL</b>		
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 the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typ _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>DP</b>			1.1 TITLE <b>V/D</b>		
1.2 NAME <b>KATIN, MICHAEL J</b>			1.2 NAME <b>KATIN, MICHAEL J. MD</b>		
1.3 STREET ADDRESS <b>1419 SE 8TH TER</b>			1.3 STREET ADDRESS <b>1850 BOY SCOUT DR., STE 102</b>		
1.4 CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>			1.4 CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		
2.1 TITLE <b>D</b>			2.1 TITLE <b>S/D</b>		
2.2 NAME <b>SHERIDAN, HOWARD M</b>			2.2 NAME <b>BLITZER, PETER H. MD</b>		
2.3 STREET ADDRESS <b>1419 SE 8TH TER</b>			2.3 STREET ADDRESS <b>1850 BOY SCOUT DR., STE 102</b>		
2.4 CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>			2.4 CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		
3.1 TITLE <b>DT</b>			3.1 TITLE <b>P/D</b>		
3.2 NAME <b>RUBENSTEIN, JAMES H</b>			3.2 NAME <b>DOSORETZ, DANIEL E. MD</b>		
3.3 STREET ADDRESS <b>1419 SE 8TH TER</b>			3.3 STREET ADDRESS <b>1850 BOY SCOUT DR., STE 102</b>		
3.4 CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>			3.4 CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		
4.1 TITLE <b>DV</b>			4.1 TITLE <b>S/D</b>		
4.2 NAME <b>BLITZER, PETER H</b>			4.2 NAME <b>BLITZER, PETER H. MD</b>		
4.3 STREET ADDRESS <b>1419 SE 8TH TER</b>			4.3 STREET ADDRESS <b>1850 BOY SCOUT DR., STE 102</b>		
4.4 CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>			4.4 CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		
5.1 TITLE <b>DS</b>			5.1 TITLE <b>P/D</b>		
5.2 NAME <b>DOSORETZ, DANIEL E</b>			5.2 NAME <b>DOSORETZ, DANIEL E. MD</b>		
5.3 STREET ADDRESS <b>1419 SE 8TH TER</b>			5.3 STREET ADDRESS <b>1850 BOY SCOUT DR., STE 102</b>		
5.4 CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>			5.4 CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		
6.1 TITLE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		



CF2E034 (9/96)

SIGNATURE:

**DANIEL E. DOSORETZ, MD** 4/28/97

(941) 936-8794