

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000047714 (8)**

1. Corporation Name

**CORAL SPRINGS RADIATION THERAPY REGIONAL CENTER,
INC.**

Principal Place of Business

**1419 SE 8TH TER
CAPE CORAL FL 33990**

Mailing Address

**1850 BOYSCOUT DR.
#101
FT. MEYERS FL 33907-2127
US**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0499699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
DANTON, VICTORIA 1419 SE 8TH TER 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
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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	KATIN, MICHAEL J
STREET ADDRESS	1419 SE 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	DV
NAME	BLITZER, PETER H
STREET ADDRESS	1419 SE 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	DT
NAME	RUBENSTEIN, JAMES H
STREET ADDRESS	1419 SE 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	DS
NAME	DOSERETZ, DANIEL E
STREET ADDRESS	1419 SE 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D
NAME	SHERIDAN, HOWARD M
STREET ADDRESS	1419 SE 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D
1.2 NAME	KATIN, MICHAEL J. MD
1.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
1.4 CITY-ST-ZIP	FORT MYERS, FL 33907
2.1 TITLE	S/D
2.2 NAME	BLITZER, PETER H. MD
2.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
2.4 CITY-ST-ZIP	FORT MYERS, FL 33907
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P/D
4.2 NAME	DOSERETZ, DANIEL E. MD
4.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102
4.4 CITY-ST-ZIP	FORT MYERS, FL 33907
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in Block 14 if attached with an address.

SIGNATURE:

DANIEL E. DOSERETZ MD

4/28/97 (941) 936-8794

CR2E034 (9/96)