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

CORPORATION ANNUAL REPORT



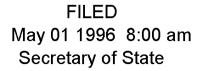
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000056663 (5)

DOCUMENT #
1. Corporation Name SARASOTA RADIATION THERAPY REGIONAL CENTER, P.A.



			· · · ·				
Principal Place of Business Maling Address					2 30 0 LEG DA 110 10 111 0 10 11 0 0 (11 9 0 (11	: 98+11 89191 <b>3</b> 1118 <b>3</b> (11 <b>8 1</b>	1177 <b>- 1178 1111 1521</b>
1419 SE 8TH CAPE CORAL		1419 SE 8TH TER Cape Coral FL 3399	10				
					3. Date incorporated or Qualified 08/01/1994	3a. Date of Last 05/01/1	. '
2. Principal Plac	ce of Business	2a. Mailing Address			4. F£TNumber		Applied For
Suite, Apt. #, etc.		26 1850 Boyscout Dr Suite, Apt. #, etc.			65-0515429		Not Applicable
22 Suite, Apt. #	, etc.	27 # 101			5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing		<b>00</b> May Be	
23		[28] Ft Myers, 1	F1		Trust Fund Contribution		led to Fees
Zip	Country	Z(p	Cour	ntry	8. This corporation has liability for	•	s 199.032,
24	25	29 33907	30	Lee		[]No	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New R	legistered Agent	
DANTON	LACTODIA						
	I, VICTORIA : 8th ter		82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
	ORAL FL 33990			83	and and the second control of the second	COME AND CARPORTS TAKEN THAT THE PERSON OF T	
Oraco	014/11/11/00/00				AND AND A MARK A WALFING TO AND A STATE OF THE PARTY OF T	······································	
				84 City		FL 85	Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Flori n, and accept the obligations of, Sect	and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	es, the abo ed by the c	ve named corpo orporation's boa	ration submits this statement for the pur and of directors. Thereby accept the appi	pose of changing its ointment as register	s registered office ed agent. I aru
SIGNATURE							
	Signature, typed or printed name of registered agent	erana in a company and a service and a company of the company of t		Agent signature require	ed when reinstating! ADDITIONS/CHANGES TO OFF	DAIE	TODE IN 10
12. TITLE	D OFFICERS AN	D DIRECTORS	13. 1.11	TIE 7	ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
NAME	DOSORETZ, DANIEL E	L.J Steere	1.2 N/			EJ Onang	
STREET ADDRESS	1419 SE 8TH TER			REST ADDRESS			
City-S1-ZiP	CAPE CORAL FL 33990			IY-SI-ZiP			
TITLE	D	["] DELETE	2 1 J			☐ Chang	e 🔲 Addition
NAME	SHERIDAN, HOWARD M		2 2 N/	ME			
STREET ADDRESS	1419 SE 8TH TER		2351	REEL ADDRESS			
CHTY-ST-ZIP	CAPE CORAL FL 33990		2 4 C	TY-ST-71P			·····
TITLE	D	[]] DELETE	3 11	ĪLĒ		Chang	e 🔲 Addition
NAME	RUBENSTEIN, JAMES H		3.2 N				
STREET ADDRESS	1419 SE 8TH TER			IREF1 ADDRESS			
CITY-ST-7IP	CAPE CORAL FL 33990	DELETE	3.4 CI 4. 1 T	TY-S1-ZIP		[] Chang	e [] Addition
TITLE NAME	KATIN, MICHAEL J	L'1 brer d	4.2 N/			[_] Ona ig	C [] Maddidii
STREET ADDRESS	1419 SE 8TH TER			REET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990		1	1Y-S1-ZIP			
TITLE	D	[] DELETE	5 1 T			[] Chang	e [] Addition
NAME	BLITZER, PETER H		5 2 N	ME			
STREET ADORESS	1419 SE 8TH TER		5 3 S	REE1 ADDRESS			
C(1Y-ST-2(F	CAPE CORAL FL 33990		5.4.0	TY+ST-ZIP			<u></u>
TITLE		[] DELEIE	. 6 I T	ITLE		[]] Chang	e [] Addition
NAME			62 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIF	v certify that the information supplied	with this fund is voluntarily for		TY-ST-ZIP	for the exemption stated in Section 119	.07(3)(k). Florida Sta	tutes. I further
certify that oath; that I	the information indicated on this ann	ual report or supplemental and oration or the receiver or truste	nual report i se empowe	s true and accur	rate and that my signature shall have the his report as required by Chapter 607, Fl	esame legal effect a	s if made under
SIGNAT	URE: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFIC	ER OR DIREC	TOR	Chatte:	[Jaysima Pac	Mier₽