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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

DOCUMENT # P95000063291 (5)

1. Corporation Name
MEDICAL CENTER RADIATION THERAPY REGIONAL CENTER
, P.A.

Principal Place of Business

1419 S.E. 8TH TERRACE
CAPE CORAL FL 33990

Mailing Address

1850 BOYSCOUT DR
SUITE 101
FT MYERS FL 33907-2127



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0625145

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

DANTON, VICTORIA
1419 S.E. 8TH TERRACE
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

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. I am familiar with the change. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 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 D
NAME DOSORETZ, DANIEL E
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DELETE

TITLE D
NAME SHERIDAN, HOWARD M
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☒ DELETE

TITLE D
NAME RUBENSTEIN, JAMES H
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DELETE

TITLE D
NAME KATIN, MICHAEL J
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DELETE

TITLE D
NAME BLITZER, PETER H
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME DOSORETZ, DANIEL E. MD
1.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
1.4 CITY-ST-ZIP FORT MYERS, FL 33907 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE T/D
3.2 NAME RUBENSTEIN, JAMES H. MD
3.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
3.4 CITY-ST-ZIP FORT MYERS, FL 33907 ☒ Change ☐ Addition

4.1 TITLE V/D
4.2 NAME KATIN, MICHAEL J. MD
4.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
4.4 CITY-ST-ZIP FORT MYERS, FL 33907 ☒ Change ☐ Addition

5.1 TITLE S/D
5.2 NAME BLITZER, PETER H. MD
5.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
5.4 CITY-ST-ZIP FORT MYERS, FL 33907 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE: DANIEL E. DOSORETZ MD 4/28/97 (941) 931-8794

CP2E034 (9/96)