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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 # P96000066113 (7)

1. Corporation Name

PALM BEACH RADIATION THERAPY REGIONAL CENTER, P.  
A.

Principal Place of Business  
1850 BOYSCOUT DRIVE, #101  
FT. MYERS FL 33907

Mailing Address  
1850 BOYSCOUT DRIVE, #101  
FT. MYERS FL 33907-2127



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-078135		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		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				10. Name and Address of New Registered Agent			
DANTON, VICTORIA 1850 BOYSCOUT DRIVE, #101 FT. MYERS FL 33907				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 register agent. I am a \_\_\_\_\_ of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOSORETZ, DANIEL E M.D.			1.2 NAME			
STREET ADDRESS	1850 BOYSCOUT DRIVE, #101			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERIDAN, HOWARD M MD			2.2 NAME			
STREET ADDRESS	1850 BOYSCOUT DRIVE, #101			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBENSTEIN, JAMES H MD			3.2 NAME			
STREET ADDRESS	1850 BOYSCOUT DRIVE, #101			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATIN, MICHAEL J MD			4.2 NAME			
STREET ADDRESS	1850 BOYSCOUT DRIVE, #101			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLITZER, PETER H MD			5.2 NAME			
STREET ADDRESS	1850 BOYSCOUT DRIVE, #101			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE:

SIGNATURE: DANIEL E. DOSORETZ, MD

4/28/97

(941) 936-8794

CR2E034 (9/96)