

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092338 (8)

1. Corporation Name

PALMETTO RADIATION THERAPY ASSOCIATES, P.A.

Principal Place of Business

1850 BOYSCOUT DRIVE
FORT MYERS FL

Mailing Address

1850 BOYSCOUT DRIVE
FORT MYERS FL 33907-2127

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0708 215

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

FOX, MORRIS B
1850 BOYSCOUT DRIVE
FORT MYERS FL

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, 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 ☐ DELETE
NAME DOSORETZ, DANIEL E M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☒ DELETE
NAME SHERIDAN, HOWARD M M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME RUBENSTEIN, JAMES M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME KATIN, MICHAEL J M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME BLITZER, PETER H M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME DOSORETZ, DANIEL E.
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.
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.
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.
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] (Signature of registered agent)

FILED
May 08 1997 8:00am
Secretary of State



CR2E034 (9/96)