

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 # P96000095226 (2)

1. Corporation Name
HOLLYWOOD RADIATION ASSOCIATES, INC.

Principal Place of Business
1850 BOYSCOUT DRIVE
FORT MYERS FL 33907

Mailing Address
1850 BOYSCOUT DRIVE
FORT MYERS FL 33907-2127

FILED
May 08 1997 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

FOX, MORRIS B
1850 BOYSCOUT DRIVE
FORT MYERS FL 33907

3. Date Incorporated or Qualified
11/21/1996

3a. Date of Last Report

4. FET Number
65-0708491

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

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUBENSTEIN, JAMES H M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☐ DELETE

TITLE VD
NAME BLITZER, PETER H M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☐ DELETE

TITLE STD
NAME DOSORETZ, DANIEL E M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☐ DELETE

TITLE AS
NAME FOX, MORRIS B
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☒ DELETE

TITLE D
NAME SHERIDAN, HOWARD M M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☒ DELETE

TITLE D
NAME KATIN, MICHAEL J M.D.
STREET ADDRESS 1850 BOYSCOUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33907 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D
1.2 NAME RUBENSTEIN, JAMES H. 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 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 ☒ Change ☐ Addition

3.1 TITLE P/D
3.2 NAME DOSORETZ, DANIEL E. 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 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE V/D
6.2 NAME KATIN, MICHAEL J. MD
6.3 STREET ADDRESS 1850 BOY SCOUT DR., STE 102
6.4 CITY-ST-ZIP FORT MYERS, FL 33907 ☒ 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:

DANIEL D. DOSORETZ, MD 4/28/97

(941) 936-8794

CR2E034 (9/96)