FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S96309** (7)

1. Corporation Name

ENGLEWOOD RADIATION THERAPY REGIONAL CENTER, P.A

Principal Place of Business
3680 BROADWAY
FT MYERS FL 33901

Mailing Address
3680 BROADWAY
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0297750 — 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 is eligible ... Florida Statutes. X Yes / No

9. Name and Address of Current Registered Agent

FOX, MORRIS B.
4020 DEL PRADO BLVD.
FO
CAPE CORAL FL 33904

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 and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D	DOSORETZ, DANIEL E.	3680 BROADWAY	FORT MYERS FL
D	KATIN, MICHAEL J.	3680 BROADWAY	FORT MYERS FL
P	SHERIDAN, HOWARD M.	3680 BROADWAY	FT. MYERS FL
S	RUBENSTEIN, JAMES	3680 BROADWAY	FT. MYERS FL
D	BLITZER, PETER	3680 BROADWAY	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — 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 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 E. Dosoretz 5/1/95 813-772-3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0319409 CP