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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

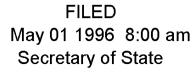
Secretary of State DIVISION OF CORPORATIONS

1996

S96309 DOCUMENT #

1. Corporation Name

ENGLEWOOD RADIATION THERAPY REGIONAL CENTER, P.A.





Principal Place of 3680 BROADWA' FT. MYERS FL 3	Y	Mailing Address 3680 BROADWAY FT. MYERS FL 33901						
					3. Date incorporated or Qualified 11/25/1991	3a. Date (	of Last R 01/199	eport <b>}5</b>
. Principal Place	of Business	2a. Mailing Address 26 1850 Boysco	ut Dr		4. FEI Number 65-0297750	.1	h	Applied For Not Applicable
0.3- 0-1 # 6		26 1850 Boysco Suite, Apt. #, etc.	ut Di				1	Additional
Suite, Apl. #, €	AC.	27 # 101			5. Certificate of Status Desired			Required
City & State	, agreement and the second	City & State			6. Election Campaign Financing			<b>0</b> May Be
1		Ft Myers, F			Trust Fund Contribution			d to Fees
Zip ]	Country	2ip 29 33907	Gountry Lee		8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
L	25 9. Name and Address of Currer		30 1300		10. Name and Address of New R		gent	
			81	Name			2224	
FOX, MOR			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	Prado Blvd.		00					
FO CARE COR	RAL FL 33904		83					
UMPE CON	VAL FL 33904		84	City		FL	85 Z	ip Code
IGNATURE sig	nature, typen or printed na ne of registered agent OFFICERS AN	D DIRECTORS	11 - Registered Agur 13.	l signature require	d when remitaling) ADDITIONS/CHANGES TO OFF			
TLF	D	DELETE	1.11111.6				Change	☐ Addition
ME	DOSORETZ, DANIEL E.		1.2 NAME					
REET ADDRESS	3680 BROADWAY		1.3 SUREFU	ADDRESS				
	EART MYERS EI		i i					
	FORT MYERS FL	f'il belett	1.4 C(1Y - S	1-219			] Change	☐ Addition
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ATTENTION OF THE PROPERTY OF T	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	☐ DELETE	2.1 TILE 22 NAM: 23 STREST 24 GITY-S 3.1 TILE 32 NAME 33 STREE: 34 CITY-S 4.1 TILE 42 NAME 43 STREET 44 CITY-S 5.1 TILE 52 NAME 53 STREET 54 CITY-S 6.1 TILE	ADDRESS T-ZIP  ACORESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Change Change	Addition  Addition

oath, that I am an officer or director of the corporation or the receiver or trustee empapears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR