FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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 # **S96309** **(7)**

1. Corporation Name
ENGLEWOOD RADIATION THERAPY REGIONAL CENTER, P.A

Principal Place of Business
3680 BROADWAY
FT. MYERS FL 33901

Mailing Address
1850 BOYSCOUT DR.
#101
FT. MYERS FL 33907-2127
US

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 fa[illegible] of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name, 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	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DOSORETZ, DANIEL E.		1.2 NAME	DOSORETZ, DANIEL E. MD	
STREET ADDRESS	3680 BROADWAY		1.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	KATIN, MICHAEL J.		2.2 NAME	KATIN, MICHAEL J. MD	
STREET ADDRESS	3680 BROADWAY		2.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERIDAN, HOWARD M.		3.2 NAME		
STREET ADDRESS	3680 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	RUBENSTEIN, JAMES		4.2 NAME	RUBENSTEIN, JAMES H.	
STREET ADDRESS	3680 BROADWAY		4.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	☐ DELETE	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BLITZER, PETER		5.2 NAME	BLITZER, PETER H. MD	
STREET ADDRESS	3680 BROADWAY		5.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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