

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 # **V56090** (6)

1. Corporation Name:

CENTRAL RADIATION THERAPY INSTITUTE, P.A.

Principal Place of Business
**3175 HARBOR BOULEVARD
PORT CHARLOTTE FL 33952**

Mailing Address
**1419 SE 8TH TERRACE
CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3146715

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 § 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business:

21

State, Apt. # etc.

22

City & State

23

Zip

24

2a. Mailing Address:

26

State, Apt. # etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, MORRIS B.
4020 DEL PRADO BOULEVARD
CAPE CORAL FL 33904**

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 607.0402 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

(Signature of person taking corporate action. If registered agent, signature required after filing.)

(Signature of Registered Agent. Signature required after filing.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer, director or officer of this 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 of this report or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Dosoretz

5/1/95

813-772-3202