

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

3. Date Incorporated or Qualified 08/03/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3146715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
FOX, MORRIS B.
4020 DEL PRADO BOULEVARD
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	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 the registered agent of the corporation. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 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 DOSORETZ, DANIEL E.	1.1 TITLE	P/D DOSORETZ, DANIEL E. MD
NAME	3175 HARBOR BLVD	1.2 NAME	1850 BOY SCOUT DR., STE 102
STREET ADDRESS	PORT CHARLOTTE FL	1.3 STREET ADDRESS	FORT MYERS, FL 33907
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SHERIDAN, HOWARD M.	2.1 TITLE	
NAME	3175 HARBOR BLVD	2.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RUBENSTEIN, JAMES H.	3.1 TITLE	T/D RUBENSTEIN, JAMES H. MD
NAME	3175 HARBOR BLVD	3.2 NAME	1850 BOY SCOUT DR., STE 102
STREET ADDRESS	PORT CHARLOTTE FL	3.3 STREET ADDRESS	FORT MYERS, FL 33907
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KATIN, MICHAEL J.	4.1 TITLE	V/D KATIN, MICHAEL J. MD
NAME	3175 HARBOR BLVD	4.2 NAME	1850 BOY SCOUT DR., STE 102
STREET ADDRESS	PORT CHARLOTTE FL	4.3 STREET ADDRESS	FORT MYERS, FL 33907
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BLITZER, PETER H.	5.1 TITLE	S/D BLITZER, PETER H. MD
NAME	3175 HARBOR BLVD	5.2 NAME	1850 BOY SCOUT DR., STE 102
STREET ADDRESS	PORT CHARLOTTE FL	5.3 STREET ADDRESS	FORT MYERS, FL 33907
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE

DANIEL E. DOSORETZ MD

4/28/97

(941) 936-8794

CR2E034 (9/96)