

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155325

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: 21ST CENTURY ONCOLOGY MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2234 COLONIAL BOULEVARD  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2234 COLONIAL BOULEVARD  
ATTN: TAX DEPARTMENT  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-8087211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOSORETZ, DANIEL E MD  
Address: 13221 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: V ( ) Delete  
Name: WATSON, DAVID  
Address: 7385 STONEGATE DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: PAKROSNIS, JEFFREY A  
Address: 14035 IMAGE LAKE COURT  
City-St-Zip: FORT MYERS, FL 33907

Title: S ( ) Delete  
Name: RUBENSTEIN, JAMES H MD  
Address: 13301 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: CAO ( ) Delete  
Name: BISCARDI, JOSEPH  
Address: 7053 TIMBERLAND CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: AS ( ) Delete  
Name: SUAREZ, MARGARITA  
Address: 7710 AHOY AVENUE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FEICHTHALER

Electronic Signature of Signing Officer or Director

DTAX

03/13/2009

\_\_\_\_\_ Date