

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90009 036 \*\*\*\*50.00  
03-25-2002 90029 039 \*\*\*100.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P40036**

1. Entity Name  
**RADIOSURGERY CENTERS, INC.**

Principal Place of Business  
**4400 MACARTHUR BLVD  
SUITE 800  
NEWPORT BEACH CA 92660  
US**

Mailing Address  
**4400 MACARTHUR BLVD SUITE 800  
ATTENTION: TAX DEPARTMENT  
NEWPORT BEACH CA 92660  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
**33-0522445**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PLOCHOCKI, STEVEN 4400 MACARTHUR BLVD SUITE 800 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV CROAL, THOMAS V. 4400 MACARTHUR BLVD SUITE 800 NEWPORT BEACH CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ARMSTRONG, ROBERT J 4400 MACARTHUR BLVD SUITE 800 NEWPORT BEACH CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DRAZBR, BRIAN G 4400 MACARTHUR BLVD SUITE 800 NEWPORT BEACH CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>see attached detail</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President + CFO Thomas V. Croal 4400 MacArthur Blvd Suite 800 Newport Beach, CA 92660</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Design &amp; Construction Robert J. Armstrong 4400 MacArthur Blvd Suite 800 Newport Beach, CA 92660</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR VP Finance &amp; Corporate Controller Brian Drazba 4400 MacArthur Blvd. Suite 800 Newport Beach, CA 92660</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive V.P. Operations Michael Boylan 4400 MacArthur Blvd. Suite 800 Newport Beach, CA 92660</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive VP &amp; Chief Information Officer Patricia R. Blank 4400 MacArthur Blvd Suite 800 Newport Beach CA 92660</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Drazba* **SIGNATURE REQUIRED** *1/7/02* *(949) 476-0733*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)

## CORPORATE INFORMATION SHEET

Radiosurgery Centers, Inc. *Attachments*

427562

Director and Date Elected:	Steven T. Plochocki	12/7/99
Officers and Date Elected:	Steven T. Plochocki, President and Chief Executive Officer 22446 Rosebriar Mission Viejo, CA 92692	<i>#</i> 12/7/99
	Patricia R. Blank, Executive Vice President and Chief Information Officer 22 Regalo Mission Viejo, CA 92692	<i>P40036</i> <i>716465</i> 12/7/99
	Michael A. Boylan, Executive Vice President-Operations (East) 1005 Putters Pl. Doylestown, PA 18901	7/1/96
	Thomas V. Croal, Executive Vice President and Chief Financial Officer 2306 Cottonwood Street Santa Ana CA 92701	4/27/92
	Marilyn U. MacNiven-Young, Executive Vice President, General Counsel and Secretary 78 Park Crest Newport Coast, CA 92657	8/1/98
	Michael S. Madler, Executive Vice President-Operations (West) 9 Santa Isabel Rancho Santa Margarita, CA 92688	5/10/93
	Brian G. Drazba, Senior Vice President-Finance and Corporate Controller 18 Nutcracker Lane Aliso Viejo, CA 92656	6/22/93
	Cecilia A. Guastafarro, Senior Vice President-Human Resources 14811 Alder Lane Tustin, CA 92680	7/18/97
	Brian W. Woodbury, Senior Vice President-Operations 45 Aspen Drive South Glastonbury, CT 06073	8/10/01
	Robert J. Armstrong, Vice President-Design & Construction 31 Mariposa Irvine, CA 92714	1/4/93
	Susan E. Arnheiter, Vice President-Billing Services 4720 Via del Rey Yorba Linda, CA 92886	7/18/97
	Joseph F. Deminger, Vice President-Asset Management 312 Killarney Dr. Rochester, NY 14616	7/18/97
	Tammy M. Morita, Vice President-Treasury Management and Assistant Secretary 6643E. Smokey Ave. Orange, CA 92687	1/2/97

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DA152000 AT

**DOCUMENT # P40036**  
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**SUITE 800**      **ATTENTION: TAX DEPARTMENT**  
**NEWPORT BEACH CA 92660**      **NEWPORT BEACH CA 92660**  
**US**      **US**

42782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**33-0522445**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

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**C T CORPORATION SYSTEM**  
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 Street Address (P.O. Box Number is Not Acceptable)  
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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME PLOCHOCKI, STEVEN  
 STREET ADDRESS 4400 MACARTHUR BLVD SUITE 800  
 CITY-ST-ZIP NEWPORT BEACH CA 92660  Delete

TITLE *see attached detail*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE STV  
 NAME CROAL, THOMAS V.  
 STREET ADDRESS 4400 MACARTHUR BLVD SUITE 800  
 CITY-ST-ZIP NEWPORT BEACH CA  Delete

TITLE *Executive Vice President + CFO*  
 NAME Thomas V. Croal  
 STREET ADDRESS 4400 MacArthur Blvd Suite 800  
 CITY-ST-ZIP Newport Beach, CA 92660  Change  Addition

TITLE V  
 NAME ARMSTRONG, ROBERT J.  
 STREET ADDRESS 4400 MACARTHUR BLVD SUITE 800  
 CITY-ST-ZIP NEWPORT BEACH CA  Delete

TITLE *VP Design & Construction*  
 NAME Robert J. Armstrong  
 STREET ADDRESS 4400 Newport Beach, CA 92660  
 CITY-ST-ZIP 4400 MacArthur Blvd, Suite 800 Newport Beach, CA 92660  Change  Addition

TITLE V  
 NAME DRAZBA, BRIAN G  
 STREET ADDRESS 4400 MACARTHUR BLVD SUITE 800  
 CITY-ST-ZIP NEWPORT BEACH CA  Delete

TITLE *SR VP Finance & Corporate Controller*  
 NAME Brian Drazba  
 STREET ADDRESS 4400 MacArthur Blvd.  
 CITY-ST-ZIP Suite 800 Newport Beach, CA 92660  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE *Executive V.P. Operations*  
 NAME Michael Boylan  
 STREET ADDRESS 4400 MacArthur Blvd.  
 CITY-ST-ZIP Suite 800 Newport Beach, CA 92660  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE *Executive VP & Chief Information Officer*  
 NAME Patricia R. Blank  
 STREET ADDRESS 4400 MacArthur Blvd Suite 800  
 CITY-ST-ZIP Newport Beach CA 92660  Change  Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**      1/7/02      (949) 476-0733  
 Brian Drazba      SR VP Finance & Controller      Date      Daytime Phone #

CR2E034 (9/01)

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	Michael A. Boylan, Executive Vice President-Operations (East) 1005 Putters Pl. Doylestown, PA 18901	7/1/96
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