

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033926

Entity Name: RADIATION THERAPY SERVICES, INC.**Current Principal Place of Business:**2270 COLONIAL BLVD
FORT MYERS, FL 33907**Current Mailing Address:**2270 COLONIAL BLVD
ATTN: TAX DEPARTMENT
FORT MYERS, FL 33907**FEI Number:** 65-0768951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	CFOV
Name	CAREY, BRYAN J
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	AT
Name	BISCARDI, JOSEPH
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	D
Name	SHERIDAN, HOWARD MD
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	T
Name	ENGLISH, FRANK G
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	DS
Name	RUBENSTEIN, JAMES MD
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	DP
Name	DOSORETZ, DANIEL EMD
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

I hereby 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 all other like empowered.

SIGNATURE: FRANK ENGLISH**TREASURER****03/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date