

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000033

**Entity Name:** 21ST CENTURY ONCOLOGY SERVICES, LLC

**Current Principal Place of Business:**

2270 COLONIAL BOULEVARD  
FORT MEYERS, FL 33907

**Current Mailing Address:**

2270 COLONIAL BOULEVARD  
FORT MEYERS, FL 33907 US

**FEI Number:** 45-3456866

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MGR, CEO, PRESIDENT  
Name SPALDING, WILLIAM R.  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MEYERS FL 33907

Title TREASURER  
Name HOWARD, BLAKE  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MEYERS FL 33907

Title MANAGER  
Name RUBENSTEIN, JAMES H  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MEYERS FL 33907

Title CHAIRMAN  
Name ELROD, JAMES  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907

Title CFO  
Name STEWART, LEANNE M.  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907

Title ASST. TREASURER  
Name BISCARDI, JOSEPH  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY  
Name ANDERSON, MATTHEW D.  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907

Title ASST. SECRETARY  
Name SUAREZ, MARGARITA  
Address 2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BLAKE HOWARD

**TREASURER**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           KATIN, M.D., MICHAEL J.  
Address        2270 COLONIAL BOULEVARD  
City-State-Zip: FORT MYERS FL 33907