

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36131

Entity Name

21ST CENTURY ONCOLOGY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90245 011 ***150.00

Principal Place of Business	Mailing Address
BOYSCOUT DRIVE A102 MYERS FL 33907	1850 BOYSCOUT DR. SUITE A102 FT. MYERS FL 33907-2127 US

Principal Place of Business	3. Mailing Address
2234 Colonial Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Box #12	
City & State	City & State
Fort Myers, Fl.	
Zip	Country
33908	



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2485899	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIERING, G. DAVID 1850 BOYSCOUT DRIVE SUITE A102 FT. MYERS FL 33907	Name David Koeninger Street Address (P.O. Box Number is Not Acceptable) 2234 Colonial Boulevard City Fort Myers FL Zip Code 33908

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 of registered agent or printed name of registered agent and title, applicable.	DATE
<i>David Koeninger</i>	

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TD RUBENSTEIN, JAMES H MD 1850 BOY SCOUT DR STE 102 FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD BLITZER, PETER H MD 1850 BOY SCOUT DR STE 102 FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD KATIN, MICHEAL J MD 1850 BOY SCOUT DR STE 102 FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD DOSORETZ, DANIEL E MD 1850 BOY SCOUT DR STE 102 FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
<i>[Signature]</i>			

CR2E034 (9/99)