

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 018 ***150.00

DOCUMENT # H36131

1. Entity Name
21ST CENTURY ONCOLOGY, INC.



Principal Place of Business

2234 COLONIAL BLVD
BOX 12
FORT MYERS, FL 33908

Mailing Address

2234 COLONIAL BLVD
BOX 12
FORT MYERS, FL 33908 US

94055933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2485899

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

7. Name and Address of New Registered Agent

KOENINGER, DAVID M
2234 COLONIAL BLVD
FORT MYERS, FL 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~CO-SECRETARY~~ ☐ Delete
NAME RUBENSTEIN, JAMES H MD
STREET ADDRESS 2234 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
NAME DAVID KOENINGER
STREET ADDRESS 18440 MONTELAGO CT
CITY-ST-ZIP MIAMI LAKES FL 33133

TITLE ~~CO-SECRETARY~~ ☐ Delete
NAME BLITZER, PETER H MD
STREET ADDRESS 2234 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE TREASURER ☐ Change ☒ Addition
NAME JOSEPH BISCARDI
STREET ADDRESS 7053 TIMBERLAND CIRCLE
CITY-ST-ZIP NAPLES FL 34109

TITLE C ☐ Delete
NAME KATIN, MICHEAL J MD
STREET ADDRESS 2234 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME DOSORETZ, DANIEL E MD
STREET ADDRESS 2234 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M. Koeninger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

239 931 7280

Daytime Phone #