
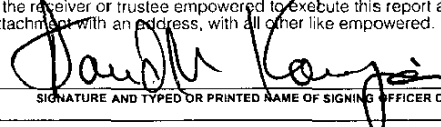


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90338 006 \*\*\*150.00

<b>DOCUMENT # H36131</b> 1. Entity Name <b>21ST CENTURY ONCOLOGY, INC.</b>			
Principal Place of Business <b>2234 COLONIAL BLVD</b> <b>BOX 12</b> <b>FORT MYERS, FL 33908</b>		Mailing Address <b>2234 COLONIAL BLVD</b> <b>BOX 12</b> <b>FORT MYERS, FL 33908 US</b>	
2. Principal Place of Business <b>2234 Colonial Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2234 Colonial Blvd</b> Suite, Apt. #, etc.	
City & State <b>Fort Myers, FL</b> Zip <b>33907</b>		City & State <b>Fort Myers, FL</b> Zip <b>33907</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2485899</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOENINGER, DAVID M</b> <b>2234 COLONIAL BLVD</b> <b>FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RUBENSTEIN, JAMES H MD 2234 COLONIAL BLVD. FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DS</b> Rubenstein, James M.D. 13301 Ponderosa Way Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHERMAN, HOWARD 842 CAL COVE DR FT MYERS, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> Sheridan, Howard M.D. 842 Cal Cove Drive Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATIN, MICHAEL J MD 1212 COCONUT DRIVE FORT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D/C</b> Katin, Michael M.D. 1212 Coconut Drive Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DOSORETZ, DANIEL E MD 13221 PONDEROSA WAY FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> Koeninger, David 18040 Montelago Court Fort Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KOENINGER, DAVID 18040 MONTELAGO CT. FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> Biscardi, Joseph 7053 Timberland Circle Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO BISCARDI, JOSEPH 7053 TIMBERLAND CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> Nakfoor, Bruce M.D. 2234 Colonial Blvd. Fort Myers, FL 33907
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Koeninger 4/26/06 239-931-7333	