

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36131

FILED  
Mar 01, 2007  
Secretary of State

Entity Name: 21ST CENTURY ONCOLOGY, INC.

## Current Principal Place of Business:

2234 COLONIAL BLVD  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

2234 COLONIAL BLVD  
BOX 12  
FORT MYERS, FL 33907 US

## New Mailing Address:

2234 COLONIAL BLVD  
ATTN: TAX DEPARTMENT  
FORT MYERS, FL 33907 US

FEI Number: 59-2485899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOENINGER, DAVID M  
2234 COLONIAL BLVD  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUBENSTEIN, JAMES M.D.  
Address: 13301 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907\

Title: D ( ) Delete  
Name: SHERIDAN, HOWARD M.D.  
Address: 842 CAL COVER DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: DC ( ) Delete  
Name: KATIN, MICHAEL M.D.  
Address: 1212 COCONUT DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: V ( ) Delete  
Name: KOENINGER, DAVID  
Address: 18040 MONTELAGO COURT  
City-St-Zip: FORT MYERS, FL 33913

Title: T ( ) Delete  
Name: BISCARDI, JOSEPH  
Address: 7053 TIMBERLAND CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: NOKFOOR, BRUCE M.D.  
Address: 2234 COLONIAL BLVD  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID KOENINGER

CFL

03/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date