

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008269

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PALMS WEST RADIATION THERAPY, L.L.C.

**Current Principal Place of Business:**

12993 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

2270 COLONIAL BLVD.  
ATTN: TAX DEPARTMENT  
FORT MYERS, FL 33907

**FEI Number:** 65-1084934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: 21ST CENTURY ONCOLOGY LLC  
Address: 2270 COLONIAL BLVD  
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGR  
Name: WINGS HOLDINGS  
Address: 14892 PADDOCK DR  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEFFREY A. PAKROSNIS

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04/20/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date