

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093720

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** FINANCIAL SERVICES OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

2234 COLONIAL BLVD.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0633717

**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: MGRM  
Name: RADIATION THERAPY SERVICES, INC.  
Address: 2234 COLONIAL BLVD.  
City-St-Zip: FORT MYERS, FL 33907

Title: PCEO  
Name: DOSORETZ, DANIEL E MD  
Address: 13221 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: CAREY, BRYAN J  
Address: 2234 COLONIAL BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: T  
Name: PAKROSNIS, JEFFREY  
Address: 14035 IMAGE LAKE COURT  
City-St-Zip: FORT MYERS, FL 33907

Title: AT  
Name: BISCARDI, JOSEPH  
Address: 7053 TIMBERLAND CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: S  
Name: RUBENSTEIN, JAMES H  
Address: 13301 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

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: MARY FEICHTHALER

DTAX

04/15/2010

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