

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093720

FILED
Apr 20, 2011
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:

2270 COLONIAL BLVD.
FORT MYERS, FL 33907

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: 65-0633717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 2270 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: GILLESPIE, KERRIN E
Address: 19880 CHAPEL TRACE
City-St-Zip: ESTERO, FL 33928

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

Title: AT
Name: BISCARDI, JOSEPH
Address: 6886 IL REGALO 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: JEFFREY A PAKROSNIS

T

04/20/2011

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