

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093720

FILED
Feb 23, 2012
Secretary of State

Entity Name: FINANCIAL SERVICES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

2270 COLONIAL BLVD.
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

2270 COLONIAL BLVD.
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: MGR
Name: RADIATION THERAPY SERVICES, INC.
Address: 2270 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: P
Name: DOSORETZ, DANIEL E MD
Address: 2270 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: BRYAN, CAREY
Address: 2270 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: HUMBLE, J. D
Address: 2270 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: RUBENSTEIN, JAMES H M.D.
Address: 2270 COLONIAL BLVD
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: J. D. HUMBLE

T

02/23/2012

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