2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L05000113979

Entity Name: BROWARD COMPREHENSIVE CANCER RADIATION CENTER, LLC

Current Principal Place of Business:

2234 COLONIAL BLVD.
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2234 COLONIAL BLVD.
FORT MYERS, FL 33907

New Mailing Address:

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

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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 ( ) Delete
Name: 21ST CENTURY ONCOLOG, Y, INC.
Address: 2234 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete
Name: NORTH BROWARD HOSPIT, AL DISTRICT
Address: 303 S.E. 17TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: 21ST CENTURY ONCOLOG, Y, LLC.
Address: 2234 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33907

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 03/13/2009

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