

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023004

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** 21ST CENTURY ONCOLOGY OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

2234 COLONIAL BOULEVARD  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2234 COLONIAL BOULEVARD  
ATTN: TAX DEPARTMENT  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 20-8754308

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CHRM  
**Name:** KATIN, MICHAEL J MD  
**Address:** 1212 COCONUT DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

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

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

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

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

**Title:** D  
**Name:** SHERIDAN, HOWARD MD  
**Address:** 2234 COLONIAL BOULEVARD  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARY FEICHTHALER

DTAX

04/15/2010

Electronic Signature of Signing Officer or Director

Date