

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034468

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** JACKSONVILLE RADIATION THERAPY SERVICES, 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:** 26-2326266      **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: DP  
Name: DOSORETZ, DANIEL E MD  
Address: 13221 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

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

Title: D  
Name: KATIN, MICHAEL J  
Address: 2234 COLONIAL BOULEVARD  
City-St-Zip: FORT MYERS, FL 33907

Title: D  
Name: SHERIDAN, HOWARD M MD  
Address: 2234 COLONIAL BOULEVARD  
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

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