
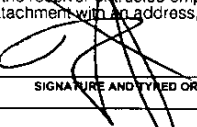


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90116 032 \*\*\*150.00

<b>DOCUMENT # P40036</b> 1. Entity Name <b>RADIOSURGERY CENTERS, INC.</b>					
Principal Place of Business <b>26250 ENTERPRISE CRT STE 100 LAKE FOREST, CA 92630 US</b>			Mailing Address <b>26250 ENTERPRISE CRT STE 100 LAKE FOREST, CA 92630 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>33-0522445</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>CANNIZZARO, MICHAEL</b> <b>20250 ENTERPRISE COURT, #100</b> <b>LAKE FOREST, CA 92630</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO &amp; DIRECTOR</b> <b>BRET W. JORGENSEN</b> <b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARMSTRONG, ROBERT J</b> <del>34 MARIPOSA</del> <del>IRVINE, CA 92714</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>DRAZBA, BRIAN G</b> <del>42 NUTCRACKER LANE</del> <del>ALISO VIEJO, CA 92656</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>MACNIVEN-YOUNG, MARILYN U</b> <del>78 PARK CREST</del> <del>NEWPORT COAST, CA 92657</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP &amp; SECRETARY</b> <b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>HILL, MITCH</b> <del>20250 ENTERPRISE COURT, #100</del> <del>LAKE FOREST, CA 92630</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>KENT S. TU</b> <b>26250 ENTERPRISE COURT, STE 100</b> <b>LAKE FOREST, CA 92630</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>BRIAN G DRAZBA, SVP</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>04/19/06</b> <small>Daytime Phone #</small> <b>(949) 282-6000</b>		

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04182006 Chg-P CR2E034 (11/05)