


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 019 ***150.00

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| DOCUMENT # P92000015395 |  |
| 1. Entity Name RADIATION THERAPY SCHOOL FOR RADIATION THERAPY TECHNOLOGY, INC. | |

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|--|---|
| Principal Place of Business 1419 SE 8TH TER CAPE CORAL, FL 33990 | Mailing Address 2234 COLONIAL BLVD BOX 12 FORT MYERS, FL 33908 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



04072004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent KOENINGER, DAVID M 2234 COLONIAL BLVD FORT MYERS, FL 33908 7 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DORSORETZ, DANIEL E MD 2234 COLONIAL BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C KATIN, MICHAEL J MD 2234 COLONIAL BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BILTZER, PETER H MD 2234 COLONIAL BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUBENSTIEN, JAMES H MD 2234 COLONIAL BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EXECUTIVE VICE PRESIDENT DAVID KOENINGER 18040 MONTELAGO CT MIRUMAL LAKES FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JOSEPH BIXARDI 7053 TIMBERLAND CIRCLE NAPLES FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David M. Koeninger **4/8/04** **239 931 7280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #