

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90525 039 ***158.75

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1. Entity Name
**RADIATION THERAPY SCHOOL FOR RADIATION
THERAPY TECHNOLOGY, INC.**



Principal Place of Business
**1419 SE 8TH TER
CAPE CORAL, FL 33990**

Mailing Address
**2234 COLONIAL BLVD
BOX 12
FORT MYERS, FL 33908 US**

50045762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0377840

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOENINGER, DAVID M
2234 COLONIAL BLVD
FORT MYERS, FL 33907**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~DO~~ SORETZ, DANIEL E MD ☐ Delete
STREET ADDRESS 2234 COLONIAL BLVD
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE C
NAME KATIN, MICHAEL J MD ☐ Delete
STREET ADDRESS 2234 COLONIAL BLVD
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE SD
NAME BILTZER, PETER H MD ☒ Delete
STREET ADDRESS 2234 COLONIAL BLVD
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE S
NAME RUBENSTIEN, JAMES H MD ☐ Delete
STREET ADDRESS 2234 COLONIAL BLVD
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE EVP
NAME KOEDINGER, DAVID ☐ Delete
STREET ADDRESS 18040 MONTELAGO CT
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE T
NAME BISCARJI, JOSEPH ☐ Delete
STREET ADDRESS 7053 TIMBERLAND CIRCLE
CITY-ST-ZIP NAPLES, FL 34109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DO SORETZ ☒ Change ☐ Addition
NAME 13221 PONDEROSA WAY
STREET ADDRESS Ft. MYERS FL 33907
CITY-ST-ZIP

TITLE 1212 Coconut Dr. ☒ Change ☐ Addition
NAME Ft. MYERS, FL 33901
STREET ADDRESS
CITY-ST-ZIP

TITLE HOWARD SHERIDAN ☐ Change ☒ Addition
NAME 842 CAL COVE DR.
STREET ADDRESS Ft. MYERS FL 33907
CITY-ST-ZIP

TITLE RUBENSTEIN ☒ Change ☐ Addition
NAME 13301 PONDEROSA WAY
STREET ADDRESS Ft. MYER FL 33907
CITY-ST-ZIP

TITLE KOENINGER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BISCARDI ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David M. Koeninger
4/26/05