


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 010 ***150.00

DOCUMENT # P92000015395 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		
2. Principal Place of Business 2234 Colonial Blvd.		3. Mailing Address 2234 Colonial Blvd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 65-0377840	
Zip 33907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOSORETZ, DANIEL E MD 13221 PONDEROSA WAY FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/d Katin, Michael M.D. 1212 Coconut Dr. Fort Myers, FL 33901
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KATIN, MICHAEL J MD 1212 COCONUT DR FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Sheridan, Howard M.D. 842 Cal Cove Drive Fort Myers, FL 33919
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHERIDAN, HOWARD 842 CAL COVE DR FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	s/d Rubenstein, James M.D. 13301 Ponderosa Way Fort Myers, FL 33907
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBENSTEIN, JAMES H MD 13301 PONDEROSA WAY FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Koeninger, David 18040 Montelago Court Fort Myers, FL 33913
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KOENINGER, DAVID 18040 MONTELAGO CT FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISCARDI, JOSEPH 7053 TIMBERLAND CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete		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 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: <u>David Koeninger</u> David Koeninger <u>4/26/06</u> 239-931-7333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					