

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90525 040 ***158.75

DOCUMENT # P97000033926	
1. Entity Name RADIATION THERAPY SERVICES, INC.	

Principal Place of Business 2234 COLONIAL BLVD BOX 12 FORT MYERS, FL 33908	Mailing Address 2234 COLONIAL BLVD BOX 12 FORT MYERS, FL 33908
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50045761

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0768951	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 BOULEVARD 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	
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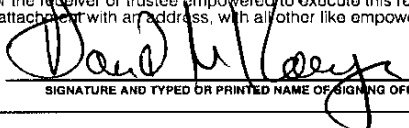
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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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 2234 COLONIAL BLVD FT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PICEO 13221 PONDEROSA WAY FT. MYERS FL 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KOENINGER, DAVID 2234 COLONIAL BLVD FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFO 18040 MONTELAGO CT MIROMAR LAKES FL 33913 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KATIN, MICHAEL J 1212 COCONUT DR FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISCARDO, JOSEPH 7053 TIMBERLAND CIRCLE NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO BISCARDI ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS RUBENSTEIN, JAMES 13801 PONDEROSA WAY FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS BLITZER, PETER 1248 SHADOW LANE FORT MYERS, FL 33901 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWARD SHERIDAN 842 CALCOVE DR. FT MYERS FL 33907 ☐ Change ☒ 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:  **4/26/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #