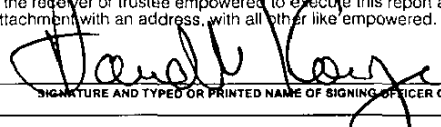


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90347 013 ***150.00

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																																																																																																																																																		
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 65-0768951																																																																																																																																																	
Zip 33907		Country USA		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																																																																																																																																																		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																		
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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:  David Koeninger 4/26/06 239-931-7333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					