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

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2234 Colonial Blvd.	2234 Colonial Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907 -- Country: USA	Zip: 33907 Country: USA

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	7. Name and Address of New Registered Agent
KOENINGER, DAVID M 2234 COLONIAL BOULEVARD FORT MYERS, FL 33907	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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO DOSORETZ, DANIEL E MD 13221 PONDEROSA WAY FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/CFO Koeninger, David 18040 Montelago Court Fort Myers, FL 33913	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO KOENINGER, DAVID 18040 MONTELAGO CR FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Katin, Michael M.D. 1212 Coconut Drive Fort Myers, FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATIN, MICHAEL J 1212 COCONUT DR FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/CAO Biscardi, Joseph 7053 Timberland Circle Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAO BISCARDI, JOSEPH 7053 TIMBERLAND CIRCLE NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Rubenstein, James M.D. 13301 Ponderosa Way Fort Myers, FL 33907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUBENSTEIN, JAMES 13801 PONDEROSA WAY FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C Sheridan, Howard M.D. 842 Cal Cove Drive Fort Myers, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HOWARD, SHERIDAN 842 CALLOVE DR FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Gondolfo, Trish 2234 Colonial Blvd. Fort Myers, FL 33907	☐ Change ☒ 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: David Koeninger 4/26/06 239-931-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #