2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# P97000033926

Entity Name: RADIATION THERAPY SERVICES, INC.

Current Principal Place of Business:

2234 COLONIAL BLVD
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2234 COLONIAL BLVD
ATTN: TAX DEPARTMENT
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0768951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VCFO ( ) Delete
Name: KOENINGER, DAVID
Address: 18040 MONTELAGO CRT
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete
Name: KATIN, MICHAEL MD
Address: 1212 COCONUT DR
City-St-Zip: FORT MYERS, FL 33901

Title: TCAO ( ) Delete
Name: BISCARDI, JOSEPH
Address: 7053 TIMBERLAND CIR
City-St-Zip: NAPLES, FL 34109

Title: DS ( ) Delete
Name: RUBENSTEIN, JAMES MD
Address: 13301 PONDEROSA WAY
City-St-Zip: FORT MYERS, FL 33907

Title: DC ( ) Delete
Name: SHERIDAN, HOWARD MD
Address: 842 CAL COVE DR
City-St-Zip: FORT MYERS, FL 33919

Title: C ( ) Delete
Name: HOWARD, SHERIDAN
Address: 842 CALLOVE DR
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCFO (X) Change ( ) Addition
Name: WATSON, DAVID
Address: 7385 STONEGATE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BISCARDI TCAO 07/25/2007

Electronic Signature of Signing Officer or Director — Date