

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033926

FILED
Apr 15, 2010
Secretary of State

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 (X)**

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD
Name: CAREY, BRYAN J
Address: 2234 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: PAKROSNIS, JEFFREY
Address: 14035 IMAGE LAKE COURT
City-St-Zip: FORT MYERS, FL 33907

Title: AT
Name: BISCARDI, JOSEPH
Address: 7053 TIMBERLAND CIR
City-St-Zip: NAPLES, FL 34109

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

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

Title: DP
Name: DOSORETZ, DANIEL E MD
Address: 13221 PONDEROSA WAY
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: MARY FEICHTHALER

DTAX

04/15/2010

Electronic Signature of Signing Officer or Director

Date