A State	Office of the Secreta	ovidence Plantations Fee: \$50 ary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
oreign Business Corp nnual Report ing Period: January 1 - Mar					
	-1.2-1501(e), each corporation failin days after the time prescribed by l a penalty fee of \$25.00.				
NNUAL REPORT YEAR: 2	012				
. Corporate ID No. 00	0745641				
. Name of Corporation 2	1st Century Oncology Services, I	nc.			
. Street Address Principa	Business Office:				
No. and Street: 2711 CEN	VTERVILLE ROAD, SUITE 400	<u>)</u>			
City or Town: <u>WILMIN</u>	<u>GTON</u>	State: <u>DE</u> Zip: <u>19808</u> Country: <u>USA</u>			
	<u>GTON</u>	State: <u>DE</u> Zip: <u>19808</u> Country: <u>USA</u>			
I. Business Phone No.	<u>GTON</u>	State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u>			
 Business Phone No. State of Incorporation State: <u>DE</u> 					
Business Phone No. State of Incorporation State: <u>DE</u> Brief Description of the TO PROCESS PAYROLI	Character of Business Conducte				
Business Phone No. State of Incorporation State: <u>DE</u> Brief Description of the TO PROCESS PAYROLI Names and Addresses o	Character of Business Conducte	ed in Rhode Island Address			
Business Phone No. State of Incorporation State: <u>DE</u> Brief Description of the TO PROCESS PAYROLI Names and Addresses o All officers and director	Character of Business Conducte	ed in Rhode Island Address Address, City or Town, State, Zip Code, Country 2270 COLONIAL BOULEVARD			
Business Phone No. State of Incorporation State: <u>DE</u> Brief Description of the <u>CO PROCESS PAYROLI</u> Names and Addresses of All officers and director: Title	Character of Business Conducte	ed in Rhode Island Address Address, City or Town, State, Zip Code, Country			

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.00	100.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 8 Day of February, 2012 at 5:11:55 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By DANIEL E. DOSORETZ, M.D.

Signature of Authorized Representative of the Corporation

PRESIDENT Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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