

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company filing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | |
|---|-------------|---|--------------|
| 1. ID No. 124347 | | 2. Exact name of the limited liability company Southern New England Regional Cancer Center, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE RADIATION THERAPY SERVICES IN RHODE ISLAND | |
| 5. Principal office address 115 CASS AVENUE | | City WOONSOCKET | State RI |
| | | Zip 02895 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name MARY FEICHTHALER | | Contact Title DIRECTOR OR CORPORATE TAXATION | |
| Street Address 2234 Colonial Blvd | | City Fort Myers | State FL |
| | | Zip 33907 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENT'S ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| Manager Name DANIEL DOSORETZ | | Manager Name GARY GAUBE | |
| Street Address 2234 COLONIAL BOULEVARD | | Street Address 2234 COLONIAL BOULEVARD | |
| City FORT MYERS | State FL | City FORT MYERS | State FL |
| Zip 33907 | | Zip 33907 | |
| Manager Name HUGO MYSLICKI | | Manager Name RICK CHAREST | |
| Street Address 2234 COLONIAL BOULEVARD | | Street Address 2234 COLONIAL BOULEVARD | |
| City FORT MYERS | State FL | City FORT MYERS | State FL |
| Zip 33907 | | Zip 33907 | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name CORPORATION SERVICE COMPANY | | Address | |
| Address 222 JEFFERSON BOULEVARD, SUITE 200 | | City WARWICK | Zip 02888 |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

| | |
|---------------------------------|-------------|
| FILED | |
| File Date | NOV 03 2008 |
| Check No. | |
| By: | By 21568 |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person: Mary Feichtaler Date: 10/27/08
Print or Type Name of Authorized Person: MARY FEICHTHALER

SOUTHERN NEW ENGLAND REGIONAL CANCER CTR, LLC
#124347
ATTACHMENT TO 2008 ANNUAL REPORT

CONTINUED LIST OF MANAGERS:

GAIL CUMMINGS
2234 COLONIAL BOULEVARD
FORT MYERS, FL 33907

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NOV 03 2008
By 21568