## State of Rhode Island and Providence Plantations

Office of the Secretary of State

James Rubenstein, MD

13301 Ponderosa Way

9. SHARES AUTHORIZED

State FL

Street Address

Fort Myers

City

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Zip

33907

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00\* ● THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2. Name of Corporation 000152304 New England Radiation Therapy Management Services, 3. Street Address Principal Business Office City State Zip 2234 Colonial Blvd Fort Myers FL33907 5. State of Incorporation 4. Business Phone No. (239)931-7300Massachusetts 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Daniel Dosoretz, MD David Watson Street Address Street Address 7385 Stonegate Drive 13221 Ponderosa Way City State Zip City State Zip Fort Myers 33907 FLNaples 34109 Secretary Name Treasurer Name James Rubenstein, Jeffrey Pakrosnis Street Address Street Address 13301 Ponderosa Way 14035 Image Lake Ct City State Zip City State Zip FL33907 Fort Myers Fort Myers FL33907 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Daniel Dosoretz, MD Michael Katin, MD Street Address Street Address 13221 Ponderosa Way 1212 Coconut Drive State City Zip City State 7in 33907 Fort Myers FLFort Myers 33907 Director Name Director Name

This information is currently of record in the Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of				
instruction sheet.	100	Common	\$1.00	
his report must be executed on behalf of the corporation by an authori is report must be executed on behalf of the corporation by the receiver of		poration is in the hand	ds of a receiver or trustee,	
_	including any accompar	rying schedules and state	at I have examined this report, ments, and that all statements	
File Date 3-5-09	contained herein are true	and correct.	212401	
2000000000	Signature	••	Date	
Check No. 0000020304	Mary Feichthaler Print or Type Name			
- $(max)$		<i>-</i>		
By:	Director of C	orporate Tax		
FOR SECRETARY OF STATE USE ONLY V4841 2.000	i ide		Form 630 Rev. 08/08	

Jeffrey Parkrosnis

14<u>035 Image Lake</u>

State

FL

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Zip

33907

Street Address

Fort Myers

City