



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Domestic Limited Liability Company  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. ID No. 000129193

2. Exact Name of the Limited Liability Company SOUTH COUNTY RADIATION THERAPY, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  62

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDE RADIATION THERAPY SERVICES

5. Principal Office Address

No. and Street: 2270 COLONIAL BOULEVARD

City or Town: FORT MYERS

State: FL Zip: 02879 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 2270 COLONIAL BOULEVARD

City or Town: FORT MYERS

State: FL Zip: 02879 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS BREEN	2270 COLONIAL BLVD FORT MYERS , FL 33907 USA
MANAGER	LOUIS GIANCOLA	2270 COLONIAL BLVD FORT MYERS, FL 33907 USA

MANAGER	DANIEL E. DOSORETZ MD	2270 COLONIAL BOULEVARD FORT MYERS, FL 33907 US
MANAGER	SARAH FLAHERTY	2270 COLONIAL BOULEVARD FORT MYERS, FL 33907 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**Signed this 4 Day of January, 2017 at 9:12:55 AM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BLAKE HOWARD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

