

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004255

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** CANCER TREATMENT SERVICES INTERNATIONAL, INC.

**Current Principal Place of Business:**

5750 CENTRE AVENUE, SUITE 300  
PITTSBURGH, PA 15206

**New Principal Place of Business:**

6021 WALLACE ROAD EXTENSION  
100  
WEXFORD, PA 15090

**Current Mailing Address:**

5750 CENTRE AVENUE, SUITE 300  
PITTSBURGH, PA 15206

**New Mailing Address:**

6021 WALLACE ROAD EXTENSION  
100  
WEXFORD, PA 15090

**FEI Number:** 20-4789627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NICHOLAS, JOSEPH A  
Address: 6021 WALLACE ROAD EXTENSION SUITE 100  
City-St-Zip: WEXFORD, PA 15090

Title: DVPS  
Name: SHOGAN, ANDREW J  
Address: 6021 WALLACE ROAD EXTENSION SUITE 100  
City-St-Zip: WEXFORD, PA 15090

Title: T  
Name: SHOGAN, ANDREW J  
Address: 6021 WALLACE ROAD EXTENSION SUITE 100  
City-St-Zip: WEXFORD, PA 15090

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: ANDREW J. SHOGAN

DVP

03/22/2011

Electronic Signature of Signing Officer or Director

Date