

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001604

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** RADIATION ONCOLOGY SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

320 SEVEN SPRINGS WAY STE 220  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

320 SEVEN SPRINGS WAY STE 220  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 20-4976125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: C  
Name: MARTIN, TIMOTHY P  
Address: 320 SEVEN SPRINGS WAY STE 220  
City-St-Zip: BRENTWOOD, TN 37027

Title: DVS  
Name: CHAPPELL, DOUGLAS B  
Address: 320 SEVEN SPRINGS WAY STE 220  
City-St-Zip: BRENTWOOD, TN 37027

Title: P  
Name: MERRILL, GREGORY S  
Address: 320 SEVEN SPRINGS WAY STE 220  
City-St-Zip: BRENTWOOD, TN 37027

Title: T  
Name: GARDNER, FORREST  
Address: 320 SEVEN SPRINGS WAY STE 220  
City-St-Zip: BRENTWOOD, TN 37027

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: DOUGLAS B. CHAPPELL

DVS

02/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date