Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
RADIATION THERAPY SERVICES, INC.

2234 COLONIAL BLVD
FORT MYERS, FL 33907-1412

2b Employer Identification Number (EIN)
65-0768951

2c Sponsor's telephone number
239-931-7335

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	SUSAN VARCALLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	SUSAN VARCALLI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RADIATION THERAPY SERVICES, INC.

2234 COLONIAL BLVD
FORT MYERS, FL 33907-1412

3b Administrator's EIN
65-0768951

3c Administrator's telephone number
239-931-7335

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1738
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1749
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	216
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1965
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1965
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1006
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	97
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	1965	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
26540	14225

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LPL FINANCIAL CORPORATION
ATTN COMMISSIONS
9785 TOWNE CENTRE DR
SAN DIEGO, CA 92121-1968

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26540	14225	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	9054047
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	10567278
c	Additions: (1) Contributions deposited during the year	7c(1)	916431		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	384252		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1398964		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	2699647
d	Total of balance and additions (add **b** and **c(6)**)			7d	13266925
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1827846		
	(2) Administration charge made by carrier	7e(2)	1254		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1907249		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, 401(K) (M) EXCESS CONTRIBUTION				
	(5) Total deductions			7e(5)	3736349
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	9530576

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PERSHING, LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64 65	OTHER SERVICES	7996	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	6074	Yes [X] No [ ]	Yes [X] No [ ]	7743	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	7743
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	657133
(2) Participant contributions	1b(2)	0	1740
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	145526	479
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	116473	121988
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	973966	1099341
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21137359	32442012
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10567278	9530576
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	32940602	43853269
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32940602	43853269

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	657133	
	(B) Participants	2a(1)(B)	6438783	
	(C) Others (including rollovers)	2a(1)(C)	394149	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7490065
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10621	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	49853	
	(F) Other	2b(1)(F)	384251	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		444725
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	1956	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	563906	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		565862
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	27307	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		27307
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6390819
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		14918778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3796587	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3796587
f Corrective distributions (see instructions)	2f		201674
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	6851	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	999	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7850
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4006111
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		10912667
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SARBEY KAUFMAN, LLC (2) EIN: 65-1014182

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	0
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	0
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RADIATION THERAPY SERVICES, INC.
PROFIT – SHARING 401(k)
RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008

RADIATION THERAPY SERVICES, INC.

PROFIT - SHARING 401(k) RETIREMENT PLAN

December 31, 2009 and 2008

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SARBEY KAUFMAN, LLC
CERTIFIED PUBLIC ACCOUNTANTS

SCOTT D. SARBEY, CPA
JERRY R. KAUFMAN, JD, LLM, CPA
DAVID H. SARBEY, CPA

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Independent Auditors' Report

To the Plan Administrator of
Radiation Therapy Services, Inc.
Profit-Sharing 401(k) Retirement Plan

We have audited the accompanying statements of net assets available for benefits of the Radiation Therapy Services, Inc. Profit-Sharing 401(k) Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying contents. These financial statements and schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and schedule based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements and schedule referred to above present fairly, in all material respects, the net assets available for benefits of Radiation Therapy Services, Inc. Profit-Sharing 401(k) Retirement Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Sarbey Kaufman, LLC

October 11, 2010

RADIATION THERAPY SERVICES, INC.

PROFIT - SHARING 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Investments, at fair value	$ 43,194,396	$ 32,940,602
Employer contributions receivable	657,133	-
Participant contributions receivable	1,740	-
Net assets available for benefits	$ 43,853,269	$ 32,940,602

See notes to financial statements.

RADIATION THERAPY SERVICES, INC.

PROFIT - SHARING 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2009

Additions to net assets attributed to:	
Net appreciation in fair value of investments	$ 6,418,126
Investment income	1,010,587
Participant contributions	6,438,783
Employer match contributions	657,133
Rollover contributions	394,149
Total additions	14,918,778
Deductions from net assets attributed to:	
Benefits paid to participants	3,998,261
Other expenses	7,850
Total deductions	4,006,111
Net increase	10,912,667
Net assets available for benefits:	
Beginning of year	32,940,602
End of year	43,853,269

See notes to financial statements.

1. Description of Plan

The following description of the Radiation Therapy Services, Inc. Profit-Sharing 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution 401(k) plan covering all eligible employees of Radiation Therapy Services, Inc. (the "Company"), and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Although it has expressed no intention to do so, the Company retains the right to terminate the Plan. In the event of Plan termination, all amounts credited to participants' accounts become fully vested subject to the requirements of ERISA. The Company also retains the right to amend the Plan.

Eligibility:

Through December 15, 2008, employees who worked 1,000 hours or more, had one year of service and were age twenty-one or older were eligible to participate. Effective December 16, 2008, employees who have six months of service and are age twenty-one or older are eligible to participate. An employee shall not be eligible to participate if the employee is part of a collective bargaining agreement, is a non-resident alien, is a leased employee, is an independent contractor, is a resident of Puerto Rico, or is not eligible under contract.

Contributions and allocations:

Participants may contribute a portion of their salary or wages through payroll deduction contributions. Through December 15, 2008, each participant was permitted to defer up to 15% of his or her compensation. Effective December 16, 2008, each participant is permitted to defer up to 60% of his or her compensation. Each participant's contribution was limited by the Internal Revenue Service to a maximum of $16,500 during 2009. In addition, participants older than 50 may make a catch-up contribution of up to $5,000. Participants' contributions to the Plan were submitted to the Trustee which invested the contributions and investment earnings as directed by the participants. Brokerage fees incurred pursuant to participant-directed investments are paid solely with the funds from the individual account of the participant.

Employer contributions are discretionary; the Company may, at its discretion, contribute on behalf of each participant a matching contribution equal to a discretionary percentage of a participant's compensation contributed as an elective deferral contribution with respect to each plan year. For the year ended December 31, 2009, an employer matching contribution of $657,133 was made.

(continued)

1. **Description of Plan** (continued)

Contributions and allocations:

The Plan allows new employees to rollover amounts into the Plan from other qualified plans. The rollover contribution is permitted provided the trust from which the funds are to be transferred permits the transfer to be made and, in the opinion of the Company's legal counsel, such transfer will not jeopardize the tax exempt status of the Plan or create adverse tax consequences for the Company.

Benefits and vesting:

Participants or their beneficiaries are eligible to receive benefits under the Plan upon normal retirement, termination of employment, death or permanent disability or attainment, while in service, of age 59 ½. Subject to vesting requirements, participants or their beneficiaries will receive a lump sum payment or annuity form of payment as defined.

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become vested in the Company's matching contributions plus actual earnings thereon, ratably based upon years of continuous service. Generally, a participant is 100% vested after six years of service. However, in the event of termination of a participant's employment for death, total or permanent disability or upon attainment of the normal retirement age of 65 years, such participant's Company matching contributions shall immediately vest 100%.

Loans to participants:

Participants are permitted to borrow from their fund accounts a minimum of $1,000 and up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loans generally must have a repayment period that does not exceed 60 months. Loans for the purchase or substantial rehabilitation of a primary residence may be repaid over a longer term. The loans are secured by the balance in the participant's vested account and bear interest at a prime rate plus one percent. The balance of participant loans outstanding as of December 31, 2009 was $1,099,341 and as of December 31, 2008 was $973,966. These amounts are included as part of total investments at the respective year ends.

2. **Summary of Accounting Policies**

The following are significant accounting policies followed by the Plan:

Basis of accounting:

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting standards generally accepted in the United States of America. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Benefits are recorded when paid.

2. Summary of Accounting Policies (continued)

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Risks and uncertainties:

The Plan provides for investment options in various investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that material changes in the market values of investment securities will occur in the near term.

3. Investments

Prior to December 16, 2008 the Company was a party to an agreement whereby Fidelity Management Trust Company had been the trustee of the Plan's assets. Effective December 16, 2008, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (the "Trustee") took over as trustee of the Plan's assets. Under the terms of the agreement, the Trustee holds and invests the funds of the Plan subject to the direction of participants. A designated investment committee selects the investment options available. The Company is the Plan's administrator and fiduciary. All investments are carried at fair value.

The following presents individual investments that represent five percent or more of net assets available for benefits:

Investments	December 31, 2009	2008
Principal Fixed Income Guaranteed Option Fund	$ 9,530,576	$ 10,567,278
PIMCO Total Return A Fund	3,106,779	2,400,989
Principal Diversified International R5 Fund	2,557,849	2,254,152
Principal Lifetime 2025 R5 Fund	2,470,967	1,215,046
American Funds Fundamental Investment R3 Fund	2,232,415	1,670,222
Principal Lifetime 2030 R5 Fund	2,230,357	1,361,189
Others (less than five percent)	21,065,453	13,471,726
	$ 43,194,396	$ 32,940,602

During 2009, the Plan's investments (including gains and losses on investments sold, as well as held during the year) appreciated in value by a net amount of $6,418,126.

4. Fair Value Measurements

Effective January 1, 2009, the Plan adopted Accounting Standards Codification ASC 820 (Formerly SFAS No. 157), "Fair Value Measurements," for our financial assets and liabilities, which defines fair value as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The three levels of inputs used to measure fair value are as follows:

Level 1	Quoted prices in active markets for identical assets or liabilities.
Level 2	Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
Level 3	Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The following table summarizes our financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2009, segregated among the appropriate levels within the fair value hierarchy:

Description	Fair Value	Fair Value Measurements		
		Level 1	Level 2	Level 3
Assets:				
Investments	$32,564,479	$32,564,479	-	-
Interest in Common/ Collective Trusts	9,530,576	-	$9,530,576	-
Participant Loans	1,099,341	-	-	$1,099,341
	$43,194,396	$32,564,479	$9,530,576	$1,099,341

The investments are mutual funds. Fair values for these investments are based on quoted prices in active markets and are therefore classified within Level 1 of the fair value hierarchy.

4. Fair Value Measurements (continued)

Below is a summary of changes in the fair value of the Plan's Level 3 assets:

	Participant Loans
Balance at December 31, 2008	$ 973,966
Issuances and settlements, net	125,375
Balance at December 31, 2009	$ 1,099,341

5. Tax Status

The Plan received a favorable determination letter from the IRS dated December 5, 2001. The Plan has since been amended and the Company's management believes the Plan is operating in compliance with the applicable requirements of the Internal Revenue Code.

6. Administrative Expenses

The Company performs certain services for the Plan for which no fee is charged. Additionally, the Company paid approximately $12,700 of other expenses related to the administration of the Plan for 2009.

7. Forfeitures

Non-vested contributions which have been forfeited by employees due to termination of employment prior to achieving vested status on employer contributions are used to reduce future contributions by the Company. Forfeited balances available for use as of December 31, 2009 approximated $212,000.

8. Related Party Transactions

The Plan regularly invests in common trust funds and mutual funds managed by entities related to the Trustee. Therefore, these investments represent a party-in-interest to the Plan. These transactions are not considered prohibited transactions by statutory exemptions under ERISA regulations.

RADIATION THERAPY SERVICES, INC.

PROFIT – SHARING 401(k) RETIREMENT PLAN

Schedule H, Part IV, Line 4i of Form 5500-
Schedule of Assets Held for Investment Purposes at End of Year

December 31, 2009

EIN: 65-0768951
PN 001

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
*Princor Financial Services	Principal Fixed Income Guaranteed Option Fund	$ 9,530,576
PIMCO	PIMCO Total Return A Fund	3,106,779
*Principal Global Investors	Principal Diversified International R5 Fund	2,557,849
*Princor Financial Services	Principal Lifetime 2025 R5 Fund	2,470,967
Capital Research and Mgmt Co.	American Funds Fundamental Investment R3 Fund	2,232,415
*Princor Financial Services	Principal Lifetime 2030 R5 Fund	2,230,357
*Princor Financial Services	Principal Lifetime 2020 R5 Fund	2,147,645
Columbus Circle Investors	Large Cap Growth R5 Fund	1,966,563
Jennison Associates, LLC	Jennison Natural Resources A Fund	1,960,846
*Principal Global Investors	Principal Large Cap S&P 500 Index Fund	1,806,872
*Princor Financial Services	Principal Lifetime 2015 R5 Fund	1,698,464
*Princor Financial Services	Self-Directed Brokerage Account	1,262,177
Columbus Circle Investors	Columbia MidCap Growth R5 Fund	1,090,214
*Princor Financial Services	Principal Lifetime 2035 R5 Fund	1,077,551
Seligman	Seligman Communications and Information A Fund	941,942
*Principal Global Investors	Small Cap S&P 600 Index Fund	908,980
*Principal Global Investors	Principal Large Cap Value R5 Fund	820,382

(continued)

RADIATION THERAPY SERVICES, INC.

PROFIT – SHARING 401(k) RETIREMENT PLAN

Schedule H, Part IV, Line 4i of Form 5500-
Schedule of Assets Held for Investment Purposes at End of Year (continued)

December 31, 2009

EIN: 65-0977576
PN 001

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Fidelity Management & Research	Fidelity Low Priced Stock Fund	816,789
*Princor Financial Services	Principal Lifetime 2040 R5 Fund	741,671
*Princor Financial Services	Principal Lifetime 2010 R5 Fund	648,856
Invesco AIM	AIM Global Healthcare Fund	595,203
Columbia Management Advisors	Columbia MidCap Value A Fund	490,654
John Hancock Advisors, LLC	John Hancock Financial Industries A Fund	243,297
Heartland Mutual Funds	Heartland Value Plus Fund	221,638
*Princor Financial Services	Principal Lifetime 2045 R5 Fund	216,203
Fidelity Management & Research	Fidelity Advisor Small Cap T Fund	145,956
*Princor Financial Services	Principal Lifetime Str Income R5 Fund	70,833
*Princor Financial Services	Principal Lifetime 2055 R5 Fund	55,331
*Princor Financial Services	Principal Lifetime 2050 R5 Fund	38,045
*Participant Notes Receivable	Outstanding Loan Balance 5.0% to 10.5%	1,099,341
		$ 43,194,396

*Denotes a Party-in-Interest

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RADIATION THERAPY SERVICES, INC. PROFIT
SHARING 401(K) RETIREMENT PLAN
EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 479.00
	GENERAL ELECTRIC COMPANY (GE)	Corporate Stock - Common GENERAL ELECTRIC CO COM	$ 0.00	$ 3,026.00
	MERIDIAN FUNDS	Registered Investment Company *MERIDIAN VALUE FUND	$ 0.00	$ 46,585.00
	ISHARES TRUST	Corporate Stock - Common ISHARES TR RUSSELL 2000 INDEX FD ISIN#U$	$ 0.00	$ 90,538.00
	THIRD AVENUE FUNDS	Registered Investment Company THIRD AVENUE VALUE FUND	$ 0.00	$ 3,021.00
	ADVANCED MICRO DEVICES, INC.	Corporate Stock - Common ADVANCED MICRO DEVICES INC COM	$ 0.00	$ 15,488.00
	AIM FAMILY OF FUNDS	Registered Investment Company AIM CONSTELLATION FUND CLASS A	$ 0.00	$ 193,170.00
	GERON CORPORATION	Corporate Stock - Common GERON CORP COM	$ 0.00	$ 555.00
	DENDREON CORPORATION	Corporate Stock - Common DENDREON CORP COM	$ 0.00	$ 3,022.00
	HUSSMAN FUNDS	Registered Investment Company HUSSMAN STRATEGIC GROWTH FUND	$ 0.00	$ 28,620.00
	ROYCE FUNDS	Registered Investment Company ROYCE TOTAL RETURN FUND INVESTMENT CLASS$	$ 0.00	$ 30,167.00
	INVESCO AIM	Registered Investment Company AIM INTERNATIONAL GROWTH FUND CLASS A	$ 0.00	$ 72,179.00
	GENOREX BIOTECHNOLOGY CORPORATION	Corporate Stock - Common GENEREX BIOTECHNOLOGY CORP COM	$ 0.00	$ 397.00
	COLONIAL BANCGROUP INC	Corporate Stock - Common COLONIAL BANCGROUP INC COM	$ 0.00	$ 11.00
	UAM FUNDS	Registered Investment Company CAMBIAR OPPORTUNITY FUND INVESTOR CLASS	$ 0.00	$ 10,889.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RADIATION THERAPY SERVICES, INC. PROFIT
SHARING 401(K) RETIREMENT PLAN
EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 66,302.00
	CHASE	Registered Investment Company CHASE GROWTH FUND CLASS N	$ 0.00	$ 39,469.00
	FIDELITY	Registered Investment Company FIDELITY FLOATING RATE HIGH INCOME FUND	$ 0.00	$ 18,662.00
	FIDELITY	Registered Investment Company FIDELITY BALANCED FUND	$ 0.00	$ 2,574.00
	AIM INVESTMENTS	Registered Investment Company AIM CHARTER FUND CLASS A	$ 0.00	$ 283,577.00
	OPPENHEIMER FUNDS	Registered Investment Company OPPENHEIMER GOLD & SPECIAL MINERALS CLA$	$ 0.00	$ 19,856.00
	JAMES ADVANTAGE	Registered Investment Company JAMES SMALL CAP FUND	$ 0.00	$ 4,027.00
	OSIRIS THERAPEUTICS INC	Corporate Stock - Common OSIRIS THERAPEUTICS INC NEW COM	$ 0.00	$ 92.00
	OPPENHEIMER FUNDS	Registered Investment Company OPPENHEIMER INTL BOND CLASS A	$ 0.00	$ 27,793.00
	IVY FUNDS	Registered Investment Company IVY ASSET STRATEGY FUND CLASS A	$ 0.00	$ 28,150.00
	ARCELORMITTAL SA	Corporate Stock - Common ARCELORMITTAL SA LUXEMBOURG N Y REGISTRY	$ 0.00	$ 4,666.00
	AGFEED INDUSTRIES INC	Corporate Stock - Common AGFEED INDS INC COM	$ 0.00	$ 1,750.00
	MFS	Registered Investment Company MFS EMERGING MARKETS EQUITY FUND CLASS A	$ 0.00	$ 33,343.00
	COLUMBIA	Registered Investment Company COLUMBIA VALUE AND RESTRUCTURING FUND CL	$ 0.00	$ 7,869.00
	CELL THERAPEUTICS INC.	Corporate Stock - Common CELL THERAPEUTICS INC COM NO PAR	$ 0.00	$ 1,415.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RADIATION THERAPY SERVICES, INC. PROFIT
SHARING 401(K) RETIREMENT PLAN
EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FEDERATED	Registered Investment Company FEDERATED PRUDENT BEAR FUND CLASS A	$ 0.00	$ 27,892.00
	NEUBERGER BERMAN	Registered Investment Company NEUBERGER & BERMAN INTERNATIONAL FUND TR	$ 0.00	$ 3,125.00
	BLACKROCK	Registered Investment Company BLACKROCK S&P 500 INDEX FUND INST CLASS	$ 0.00	$ 189,454.00
	SOMAXON PHARMACEUTICALS INC	Corporate Stock - Common SOMAXON PHARMACEUTICALS INC COM	$ 0.00	$ 108.00
	ADVANCED CELL TECHNOLOGY INC	Corporate Stock - Common ADVANCED CELL TECHNOLOGY INC COM	$ 0.00	$ 920.00
	FIDELITY INVESTMENTS	Registered Investment Company FIDELITY EMERGING EUROPE MIDDLE EAST AFR	$ 0.00	$ 2,984.00
	Fidelity Investments	Registered Investment Company Fidelity Low-Priced Stock Fund	$ 0.00	$ 816,788.75
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap T Fund	$ 0.00	$ 145,956.47
*	Princor Financial Services	Registered Investment Company Prin LargeCap Growth R5 Fund	$ 0.00	$ 1,966,563.09
*	Princor Financial Services	Registered Investment Company Prin MidCap Growth R5 Fund	$ 0.00	$ 1,090,214.27
*	Princor Financial Services	Registered Investment Company Prin LargeCap Value R5 Fund	$ 0.00	$ 820,382.42
*	Princor Financial Services	Registered Investment Company Principal Div Intl R5 Fund	$ 0.00	$ 2,557,849.10
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2010 R5 Fund	$ 0.00	$ 648,855.95
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2020 R5 Fund	$ 0.00	$ 2,147,645.07
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2030 R5 Fund	$ 0.00	$ 2,230,357.28

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RADIATION THERAPY SERVICES, INC. PROFIT
SHARING 401(K) RETIREMENT PLAN
EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2040 R5 Fund	$ 0.00	$ 741,671.04
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2050 R5 Fund	$ 0.00	$ 38,044.60
*	Princor Financial Services	Registered Investment Company Prin LifeTime Str Inc R5 Fund	$ 0.00	$ 70,832.73
	AIM Investments	Registered Investment Company AIM Global Health Care Fund	$ 0.00	$ 595,203.20
	The American Funds	Registered Investment Company Am Funds Fdmntl Inv R3 Fund	$ 0.00	$ 2,232,415.48
	PIMCO Funds	Registered Investment Company PIMCO Total Return A Fund	$ 0.00	$ 3,106,778.59
	Seligman Funds	Registered Investment Company Seligman Comm and Info A Fund	$ 0.00	$ 941,942.49
*	Princor Financial Services	Registered Investment Company Prin LgCp S&P 500 Idx Inst Fd	$ 0.00	$ 1,806,871.65
*	Princor Financial Services	Registered Investment Company Prin SmCap S&P 600 Idx Inst Fd	$ 0.00	$ 908,979.80
	Heartland Funds	Registered Investment Company Heartland Value Plus Fund	$ 0.00	$ 221,638.31
	Jennison Dryden	Registered Investment Company Jennison Naturl Resources A Fd	$ 0.00	$ 1,960,845.75
	Columbia Funds	Registered Investment Company Columbia MidCap Value A Fund	$ 0.00	$ 490,653.67
	John Hancock	Registered Investment Company John Hancock Fin Ind A Fund	$ 0.00	$ 243,296.70
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	$ 0.00	$ 9,530,575.55
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2015 R5 Fund	$ 0.00	$ 1,698,464.29

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RADIATION THERAPY SERVICES, INC. PROFIT
SHARING 401(K) RETIREMENT PLAN
EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2025 R5 Fund	$ 0.00	$ 2,470,967.33
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2035 R5 Fund	$ 0.00	$ 1,077,551.46
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2045 R5 Fund	$ 0.00	$ 216,203.48
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2055 R5 Fund	$ 0.00	$ 55,331.32
	Participant Loans	Range of Interest Rates Rates Range From 5.00% To 10.50%	$ 0.00	$ 1,099,341.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)