

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 18 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F31614** (3)
1. Corporation Name
RADIATION CONCEPTS, INC.

Principal Place of Business Mailing Address
**8684 BRIDLE PATH COURT
C/O ROD GEMMILL
DAVIE FL 33328** **8684 BRIDLE PATH COURT
C/O ROD GEMMILL
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **4131 SW 47th Ave.** 26 **4131 SW 47th Ave.**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **Suite # 1406** 27 **Suite # 1406**
City & State City & State
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**
City, County, Zip City, County, Zip
24 **33314** 25 **Broward** 29 **33314** 30 **Broward**

3. Date Incorporated or Qualified **04/22/1981** 3a. Date of Last Report **06/24/1994**
4. FEI Number **59-2089764** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under C. 199.002, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**GEMMILL, ROD
8684 BRIDLE PATH COURT
DAVIE FL 33328**

10. Name and Address of New Registered Agent
81 Name **Rod Gemmill**
82 Street Address (P.O. Box Number is Not Acceptable) **4131 SW 47th Ave.**
83 **Suite # 1406**
84 City **Ft. Lauderdale, FL** 85 Zip Code **33314**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GEMMILL, ROD
STREET ADDRESS	8684 BRIDLE PATH CT
CITY, STATE, ZIP	DAVIE FL
TITLE	VSD
NAME	GEMMILL, BILLIE
STREET ADDRESS	8684 BRIDLE PATH CT
CITY, STATE, ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	4131 SW 47th Ave. Suite 1406
4. CITY, STATE, ZIP	Ft. Lauderdale, FL 33314
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my 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 on Block 12 or Block 13, unchanged, or on an amendment with an address.

SIGNATURE: *Rod Gemmill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rod Gemmill

4-13-95 587-9222