


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000003520**  
 1. Entity Name  
**RADON MEDICAL PARTS, INC.**



Principal Place of Business      Mailing Address  
**384 PEACHOID ROAD**      **384 PEACHOID ROAD**  
**GAFFNEY, SC 29341**      **GAFFNEY, SC 29341**

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**57-1055466**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PASUT, ALEX**  
**5121 RIO VISTA AVE. W.**  
**TAMPA, FL 33634**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	PASUT, ALEX
STREET ADDRESS	4803 DRYAD STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DVP
NAME	BOULWARE, WALTER B
STREET ADDRESS	384 PEACHOID ROAD
CITY-ST-ZIP	GAFFNEY, SC 29341
TITLE	DST
NAME	BODENHEIMER, ANTHONY R
STREET ADDRESS	384 PEACHOID ROAD
CITY-ST-ZIP	GAFFNEY, SC 29341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000098480  
 03/29/04-80041-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alex Pasut      Alex Pasut      3-18-04      864-487-0450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #