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 exec	ute this report as required by Chapter 607, Florida Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> ADRIAN MARKUS	PRESIDENT	04/30/2013

SIGNATURE: ADRIAN MARKUS

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address: 5171 S COVEWOOD TERRACE** INVERNESS, FL 34450

**Current Principal Place of Business:** 

# FEI Number: 45-5179021

DOCUMENT# P12000040956

5171 S COVEWOOD TERRACE INVERNESS. FL 34450

## Name and Address of Current Registered Agent:

HAMILTON & PHILLIPS PA 3447 BROOK CROSSING DRIVE BRANDON, FL 33511 US

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: LAURA PHILLIPS

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Р Title Name MARKUS, ADRIAN Address 5171 S COVEWOOD TERRACE City-State-Zip: INVERNESS FL 34450

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: AUM RADIATION PHYSICS SERVICES CONSULTING INC

# FILED Apr 30, 2013 Secretary of State CC7758685665

Certificate of Status Desired: No

04/30/2013

Date

Date