

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 465906

1. Entity Name
RADIATION CONSULTING ASSOCIATES, INC.



Principal Place of Business
**500 NE 28TH STREET
UNIT - C
POMPANO BEACH, FL 33064**

Mailing Address
**500 NE 28TH STREET
UNIT - C
POMPANO BEACH, FL 33064**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1567824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIE A III
500 NE 28TH STREET
UNIT - C
POMPANO BEACH, FL 33064**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **THOMPSON, WILLIE A III**
STREET ADDRESS **500 NE 28TH STREET UNIT - C**
CITY - ST - ZIP **POMPANO BEACH, FL 33064**

TITLE **VP**
NAME **HEYDET, ROBERT M**
STREET ADDRESS **500 NE 28 STREET UNIT-C**
CITY - ST - ZIP **POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000485925
04/13/06-80016-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. HEYDET

3/28/06

Date

954 783-5470

Daytime Phone #