

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004425

FILED
Mar 19, 2009
Secretary of State

Entity Name: RADIOTHERAPY SIMULATORS & ACCELERATORS, INC.

Current Principal Place of Business:

465 FORUM PARKWAY
RURAL HALL, NC 27045

New Principal Place of Business:

Current Mailing Address:

465 FORUM PARKWAY
RURAL HALL, NC 27045

New Mailing Address:

FEI Number: 55-0740542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFF, KENNETH C
Address: 5633 MAIN STREET
City-St-Zip: BETHANIA, NC 27010

Title: V () Delete
Name: WOOD, ROGER E
Address: 2211 POTTER DOWNS DR.
City-St-Zip: WAXHAW, NC 28173

Title: S () Delete
Name: COST, PETER T
Address: 1521 PINEOLA LANE
City-St-Zip: GASTONIA, NC 28054

Title: T () Delete
Name: WOLFF, KENNETH C
Address: 5633 MAIN STREET
City-St-Zip: BETHANIA, NC 27010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLFF, KENNETH C
Address: 4409 TIMBERFIELD DRIVE
City-St-Zip: PFAFFTOWN, NC 27040

Title: V (X) Change () Addition
Name: COST, PETER T
Address: 4123 SKYLARK ROAD
City-St-Zip: PFAFFTOWN, NC 27040

Title: S (X) Change () Addition
Name: COST, PETER T
Address: 4123 SKYLARK ROAD
City-St-Zip: PFAFFTOWN, NC 27040

Title: T (X) Change () Addition
Name: WOLFF, KENNETH C
Address: 4409 TIMBERFIELD DRIVE
City-St-Zip: PFAFFTOWN, NC 27040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH C. WOLFF

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date