

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F97000004797 (3)

1. Corporation Name

RADIATION CONSULTANTS OF MID-AMERICA, INC.

Principal Place of Business

5500 BUENA VISTA
SHAWNEE MISSION KS 66205

Mailing Address

5500 BUENA VISTA
SHAWNEE MISSION KS 66205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

48-0925003

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

8. This corporation owes or has paid the current year's
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1486 KATHLEEN WAY

Suite, Apt. #, etc.

22 City & State

23 GREEN COVE SPRINGS, FL

Zip

24 32043

Country

25 US

2a. Mailing Address

26 1486 KATHLEEN WAY

Suite, Apt. #, etc.

27 City & State

28 GREEN COVE SPRINGS, FL

Zip

29 32043

Country

30 US

9. Name and Address of Current Registered Agent

LARIMORE, EMORY
1486 KATHLEEN WAY
ORANGE PARK FL 32043

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

GREEN COVE SPRINGS FL

85 Zip Code

32043

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PCT
LARIMORE, EMORY
STREET ADDRESS
4515 WALNUT, UNIT 117C
CITY-ST-ZIP
KANSAS CITY MO 64111

TITLE ☐ DELETE

NAME
SD
LARIMORE, ANNE
STREET ADDRESS
4000 WEST 79TH STREET
CITY-ST-ZIP
PRAIRIE VILLAGE KS 66208

TITLE ☐ DELETE

NAME
D
FIRESTONE, MARK
STREET ADDRESS
1305 WEST 50TH
CITY-ST-ZIP
KANSAS CITY MO 64112

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

2/10/98

904-284-1252

CR2E034 (10/97)