


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

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90116 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004797

1. Corporation Name

RADIATION CONSULTANTS OF MID-AMERICA, INC.

Principal Place of Business

1486 KATHLEEN WAY  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

1486 KATHLEEN WAY  
GREEN COVE SPRINGS FL 32043  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 48-0925003	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LARIMORE, EMORY 1486 KATHLEEN WAY GREEN COVE SPRINGS FL 32043				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1.1 TITLE	PCT
NAME	LARIMORE, EMORY	1.2 NAME	LARIMORE, EMORY
STREET ADDRESS	4515 WALNUT, UNIT 117C	1.3 STREET ADDRESS	1486 KATHLEEN WAY
CITY-ST-ZIP	KANSAS CITY MO 64111	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	SD	2.1 TITLE	
NAME	LARIMORE, ANNE	2.2 NAME	
STREET ADDRESS	4000 WEST 79TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66208	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FIRESTONE, MARK	3.2 NAME	
STREET ADDRESS	1305 WEST 50TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64112	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Emory Larimore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

11/5/99

904-284-1252

Date

Daytime Phone #

CR2E034 (11/98)