

DOCUMENT # F97000004797

1. Entity 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**

2. Principal Place of Business
AS SHOWN
Suite, Apt. #, etc.

3. Mailing Address
AS SHOWN
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **48-0925003**

Applied For

Not Applicable

Zip Country
CLAY

Zip Country
CLAY

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARIMORE, EMORY
1486 KATHLEEN WAY
GREEN COVE SPRINGS FL 32043**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PCT** ☐ Delete
NAME **LARIMORE, EMORY**
STREET ADDRESS **1486 KATHLEEN WAY**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Delete
NAME **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 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 11 or Block 12 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

1/3/01 **904-284-1252**
Date Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90025 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)