

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90237 026 ***150.00

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

1461 SCARLETT WAY
Suite, Apt. #, etc.

3. Mailing Address

1461 SCARLETT WAY
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0925003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1461 SCARLETT WAY

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 *Emory Larimore* (EMORY LARIMORE)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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, 2002 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

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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* **EMORY LARIMORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 904-502-5603

CR2E034 (9/01)