

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004797

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** RADIATION CONSULTANTS OF MID-AMERICA, INC.

**Current Principal Place of Business:**

1461 SCARLETT WAY  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

1461 SCARLETT WAY  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 48-0925003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARIMORE, EMORY  
1461 SCARLETT WAY  
GREEN COVE SPRINGS, FL 32043 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: PCT ( ) Delete  
Name: LARIMORE, EMORY  
Address: 1486 KATHLEEN WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: FIRESTONE, MARK  
Address: 1305 WEST 50TH  
City-St-Zip: KANSAS CITY, MO 64112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** EMORY LARIMORE

PCT

01/05/2004

Electronic Signature of Signing Officer or Director

Date