## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000004797

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

FILED Apr 07, 2009 Secretary of State

| Current Principal Place of Busi   | ness: New | Principal Place of Bus    | siness:    |
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1461 SCARLETT WAY 1461 SCARLETT WAY

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 US

Current Mailing Address: New Mailing Address:

1461 SCARLETT WAY 1461 SCARLETT WAY

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 US

FEI Number: 48-0925003 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LARIMORE, EMORY
1461 SCARLETT WAY
LARIMORE, EMORY
1461 SCARLETT WAY

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 US

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: 04/07/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: PCT ( ) Delete Title: PCT (X) Change ( ) Addition

Name: LARIMORE, EMORY
Address: 1461 SCARLETT WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Name: LARIMORE, EMORY
Address: 1461 SCARLETT WAY
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FIRESTONE, MARK
 Name:

 Address:
 1305 WEST 50TH
 Address:

 City-St-Zip:
 KANSAS CITY, MO 64112
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PRES 04/07/2009