SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078879 (9)

RADIATION TECHNOLOGY ASSOCIATES, INC.

FILED Aug 11 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								- + sandinant ira (gian Aitii Abiii Baiii Baiii	IEI 00414 10001 7070			
3810 N.W. 71ST STREET 3810 N.W. 71ST STREET COCONUT CREEK FL 33073 COCONUT CREEK FL 33073												
								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 09/20/1996	3a. Date of		eport	
2. Principal P	lace of Busin	ness	28	28. Mailing Address				4. FEI Number	J	Ar	oplied For	
21				26				65-0702017		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Cour			y	8. This corporation owes or has paid the current year Intangible				
24	25 29				30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent FRAZIER. JOHN L 81								10. Name and Address of New Registered Agent				
FRAZIER, JOHN L 3810 N.W. 71ST STREET							Name					
	CONUT C			82 Stree			ess (P.O. Box Number is Not Acceptab	le)		•		
						83				-		
						84	City		FL 85	Zip (Code	
11. Pursuant office or reagent. La	to the provis egistered ag m familiar wi	ions of Sections 607.05 ent, or both, in the Sta ith, and accept the obli	02 and 6 te of Flori	607.1508, Florida Stat da Such change was f. Section 607.0505.	utes, the a s authorize Florida Sta	bov d by	e-named corp y the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of cha t the appointr	nging it nent as	s registered registered	
SIGNATURE											<u></u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis 12. OFFICERS AND DIRECTORS 1						a Age	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIR	FOTOR	S INI 2	
TITLE	D		TE BILLE	DELETE	1.1]	ITLE		ABBANION GIANTALE TO OTTIO		Change	Addition	
NAME		R, JOHN L			1.2 N		ļ		_			
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NAME					6.2 N/				LJ (Herigo	LI AUGILION	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							ST-ZIP					

14. I do 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 eath; 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 11 if changed, or on an attachment with an address.

MANAGURE REQUIRED