

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000000075

FILED
Mar 30, 2009
Secretary of State**Entity Name:** FLORIDA INSTITUTE OF RADIATION AND ENDOCURIE THERAPY, INC.**Current Principal Place of Business:**3406 N. LECANTO HWY
SUITE A
BEVERLY HILLS, FL 34465 US**New Principal Place of Business:****Current Mailing Address:**3406 N. LECANTO HWY
SUITE A
BEVERLY HILLS, FL 34465 US**New Mailing Address:****FEI Number:** 59-3418904**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SLAYMAKER, THOMAS E
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 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

OFFICERS AND DIRECTORS:**Title:** P/D () Delete
Name: JAYANTH, RAO G
Address: 3484 N GRAYHAWK LOOP
City-St-Zip: LECANTO, FL 34461**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: RAO, JAYANTH G
Address: 3484 N GRAYHAWK LOOP
City-St-Zip: LECANTO, FL 34461

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: JAYANTH G. RAO

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date