

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083158

1. Entity Name

RADIATION CENTERS OF AMERICA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90075 001 ***300.00

Principal Place of Business

3511 W COMMERCIAL BLVD
 2ND FL
 FT. LAUDERDALE FL 33309
 US

Mailing Address

3511 W COMMERCIAL BLVD
 #200
 FT. LAUDERDALE FL 33309-3322
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0787459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Victor K. Rones

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

16105 NE 18 Ave

City

Miami FL

FL

Zip Code

33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/00

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	NICKEL, ARDIE R	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DCFO	<input checked="" type="checkbox"/> Delete
NAME	HALL, H. JOSEPH	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LE MAISTRE, CHARLES	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LANG, THOMAS J	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	FARNELL, MICHAEL J	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANNIS, EDWARD L R	
STREET ADDRESS	3511 W COMMERCIAL BLVD, #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V Chairman/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oscar Ramirez	
STREET ADDRESS	3511 W Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herman Weinberg	
STREET ADDRESS	3511 W Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	H Joseph Hall CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3511 W Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor K. Rones	
STREET ADDRESS	3511 W Commercial Blvd #200	
CITY-ST-ZIP	Ft. Lauderdale	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Branham	
STREET ADDRESS	3511 W Commercial Blvd #200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. JOSEPH HALL

Date

04/25/00

Daytime Phone #

904
 735-8588

CR2E034 (9/99)