

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED \$61.25

DOCUMENT# P97000083158  
1. Entity Name Radiation Centers of America Inc.

Principal Place of Business 3511 W. Commercial Blvd #200 Ft Lauderdale, FL 33309  
Mailing Address

2. Principal Place of Business 445 E 25 St.  
3. Mailing Address 445 E 25 St.  
Suite, Apt. #, etc.

City & State Hialeah, FL 33013  
Zip 33013 Country Dade USA  
City & State Hialeah, FL  
Zip 33013 Country Dade USA

6. Name and Address of Current Registered Agent Victor K. Rones  
16105 NE 18 Ave  
North Miami Beach, FL 33162

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 13 AM 10:46

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0787459  
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V-Chairman	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oscar Ramirez		NAME	Andrew Pooch	
STREET ADDRESS	445 E 25 St.		STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013		CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Chairman	<input type="checkbox"/> Delete	TITLE	Director/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Lemaistre, M.D.		NAME	Richard Fincher	
STREET ADDRESS	445 E 25 St		STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013		CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor K. Rones		NAME	Angelo Mannarino	
STREET ADDRESS	445 E 25 St		STREET ADDRESS	445 E 25 St	
CITY-ST-ZIP	Hialeah, FL		CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	H. Joseph Hall CFO	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer		NAME	Eleanor R. Massing	
STREET ADDRESS	445 E 25 St		STREET ADDRESS	445 E 25 St	
CITY-ST-ZIP	Hialeah, FL 33013		CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Jeff Branam Dir	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	445 E 25 St.		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL 33013		CITY-ST-ZIP		
TITLE	Herman Weinberg Dir	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	445 E 25 St		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL 33013		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: Richard Fincher 8/2/00 (305) 91-7070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)