

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083158

1. Entity Name
Radiation Centers of America, Inc

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90249 025 ***150.00

Principal Place of Business Mailing Address
445 E 25 St. Same
Hialeah, FL 33013

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address 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

Rones, Victor K.
16505 NE 18th Ave
N. Miami Beach, FL 33162

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, 2001 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	V-Chairman	<input type="checkbox"/> Delete
NAME	Oscar Ramirez	
STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Chairman	<input checked="" type="checkbox"/> Delete
NAME	Charles LeMaistre	
STREET ADDRESS	445 E 25 St	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Victor K. Rones	
STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Andrew Pooch	
STREET ADDRESS	445 E 25 St	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Richard Fincher	
STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Angelo Mannarino	
STREET ADDRESS	445 E 25 St	
CITY-ST-ZIP	Hialeah, FL 33013	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eleanor K. Massing	
STREET ADDRESS	445 E 25 St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Eleanor K. Massing Eleanor K. Massing 4/25/01 691-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)