

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465906

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** RADIATION CONSULTING ASSOCIATES, INC.

**Current Principal Place of Business:**

500 NE 28TH STREET  
UNIT - C  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

1937 E ATLANTIC BLVD.  
SUITE 105  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

500 NE 28TH STREET  
UNIT - C  
POMPANO BEACH, FL 33064

**New Mailing Address:**

1937 E ATLANTIC BLVD.  
SUITE 105  
POMPANO BEACH, FL 33060

FEI Number: 59-1567824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, WILLIE A III  
500 NE 28TH STREET  
UNIT - C  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

THOMPSON, WILLIE A III  
1937 E ATLANTIC BLVD.  
SUITE 105  
POMPANO BEACH, FL 33060 US

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

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMPSON, WILLIE A III  
Address: 1937 E ATLANTIC BLVD., SUITE 105  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP  
Name: LEVY, YVETTE D  
Address: 1937 E ATLANTIC BLVD., SUITE 105  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: WILLIE A. THOMPSON III

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

04/30/2011

\_\_\_\_\_  
Date