FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:05

DOCUMENT # G15888 (2)

1. Corporation Name
NUCLEAR MEDICINE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
HRMC 1350 S HICKORY ST MELBOURNE FL 32901 US	PO BOX 1000 ~~SUITE 340~~ MELBOURNE FL 32902-1000 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-2261498 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $~~6.75~~ Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVY, RONALD D.
855 SANDERLING DR
~~SUITE 340~~
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	DVP ☐ Change ☐ Addition
NAME	BANEY, RICHARD N MD	1.2 NAME	BANEY, RICHARD N., M.D.
STREET ADDRESS	200 E SHERIDAN RD	1.3 STREET ADDRESS	200 E. SHERIDAN RD.
CITY-ST-ZIP	MELBOURNE, FL 00000	1.4 CITY-ST-ZIP	~~MELBOURNE~~ MELBOURNE, FL 32901
TITLE	STD	2.1 TITLE	STD ☐ Change ☐ Addition
NAME	BECHTEL, JACK T MD	2.2 NAME	BECHTEL, JACK T., M.D.
STREET ADDRESS	228 8TH AVE	2.3 STREET ADDRESS	228 8TH AVE
CITY-ST-ZIP	INDIALANTIC, FL 00000	2.4 CITY-ST-ZIP	~~INDIALANTIC~~ INDIALANTIC, FL 32903
TITLE	PD	3.1 TITLE	PD ☐ Change ☐ Addition
NAME	LEVY, RONALD D. MD	3.2 NAME	LEVY, RONALD D., M.D.
STREET ADDRESS	1900 S. HARBOR CITY BLVD	3.3 STREET ADDRESS	P.O. BOX 1000 N/A
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32902-1000
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Ronald Levy 1-17-95 (407) 676-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #