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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90036 047 ***150.00

DOCUMENT # G15888 1. Corporation Name NUCLEAR MEDICINE ASSOCIATES, P.A. Principal Place of Business HRMC 1350 S HICKORY ST Mailing Address P 0 BOX 1000 MELBOURNE FL 32902-1000	
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DO NOT MOTIFICIAL THIC COACE	
WELBOURNE FL 32901 US US 3. Date Incorporated or Qualified	$\overline{}$
12/27/1982	
	olied For
21 59-2261498 No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 A	
22 27 Fee Re	
City & State City & State 6. Election Campaign Financing \$5.00	
23 Zip Country Zip Country S. This corporation owes the current year Intangible .	1 663
	□No
24 25 29 30 Personal Property Tax. 165 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
LEVY, RONALD D.	
855 SANDERLING DR	
855 SANDERLING DR INDIALANTIC FL 32903 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	ode
855 SANDERLING DR INDIALANTIC FL 32903 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip C]
855 SANDERLING DR INDIALANTIC FL 32903 84 City FL 85 Zip C 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 efficiency reprinted each or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re-	registered
855 SANDERLING DR INDIALANTIC FL 32903 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip C	registered
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14. 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 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 oddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR