

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15888

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: NUCLEAR MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

HRMC  
1350 S HICKORY ST  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1000  
MELBOURNE, FL 329021000 US

**New Mailing Address:**

FEI Number: 59-2261498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVY, RONALD D.  
855 SANDERLING DR  
INDIALANTIC, FL 32903 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVY, RONALD D. MD,  
Address: P O BOX 1000 N/A  
City-St-Zip: MELBOURNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEVY, RONALD D. MD,  
Address: P O BOX 1000 N/A  
City-St-Zip: MELBOURNE, FL 32902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD LEVY

PD

03/04/2008

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

\_\_\_\_\_  
Date