

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092420

FILED
Mar 21, 2005
Secretary of State

Entity Name: NUCLEAR MEDICINE PROFESSIONALS, INC.

Current Principal Place of Business:

707 SW 117 STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 141993
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-3749995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLETT, JOHN E
707 SW 117 STREET
GAINESVILLE, FL 32607 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: PSD () Delete
Name: MILLETT, JOHN E
Address: 707 SW 117 ST.
City-St-Zip: GAINESVILLE, FL 32607

Title: VTD () Delete
Name: MILLETT, TRACI
Address: 707 SW 117 ST.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACI MILLETT

VTD

03/21/2005

Electronic Signature of Signing Officer or Director

Date