

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092420

FILED
Feb 10, 2009
Secretary of State

Entity Name: NUCLEAR MEDICINE PROFESSIONALS, INC.

Current Principal Place of Business:

4566 NW 5TH BLVD
SUITE K
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 141993
GAINESVILLE, FL 32614

New Mailing Address:

4566 NW 5TH BLVD
SUITE K
GAINESVILLE, FL 32609

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: PD () 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

Title: SD () Delete
Name: HART, MATHEW
Address: 123 LAKE CARLETON DR
City-St-Zip: MELROSE, FL 33666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HART, MATHEW
Address: 530 NW 29TH AVE
City-St-Zip: GAINESVILLE, FL 32609

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: JOHN MILLETT

PD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date