FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90302 032 ***150.00

DOCUMENT #: P01000092420 ✓

1. Entity Name
Nuclear Medicine Professionals, Inc.

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90102569

2. Principal Place of Business		3. Mailing Address	
707 SW 117 Street		P.O. Box 141993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gainesville, FL		City & State: Gainesville, FL	
Zip: 32607	Country: USA	Zip: 32614	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3749995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Traci H. Millett
Street Address (P.O. Box Number is Not Acceptable): 707 SW 117 Street
City: Gainesville **FL** Zip Code: 32607

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Traci H. Millett, Vice-President DATE 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President + Secretary
NAME	John E. Millett
STREET ADDRESS	707 SW 117 St.
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	Vice-President + Treasurer
NAME	Traci H. Millett
STREET ADDRESS	707 SW 117 St.
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Traci H. Millett 4/22/03 352-331-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #