FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200004563 (2)

SOUTH FLORIDA NUCLEAR MEDICINE, P.A.

FILED
Jan 15 1998 8:00am
Secretary of State

TOOLEN MEDIO				
Principal Place of Business	Mailing Address			
1599 NW NINTH AVE 1599 NW NINTH AVE				
SUITE 2-A SUITE 2-A				
BOCA RATON FL 33486 BOCA RATON FL 33486			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		11/13/1992 4. FEI Number	1 1
21	26 Waning Address			Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0370311	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25	29 30	ק	Personal Property Tax due June 30.	☐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
LACNY, CARL		81 Name		
1599 N.W. 9TH AVE.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
STE. #204-A		oli	(1.0. Dox Namber is Not Noteptable)	
BOCA RATON FL 33486		83		
		84 City	10.00	85 Zip Code
ē			FI	_ 1
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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	10/10 0/, 00000/1 007.0000, 1 10/10	a olalolos,		·
Signature, typed or printed name of registered agent	and little if applicable, (NOTE: Re	egistered Agent signature require	od when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE DVP	☐ DELETE	1.1 TITLE		Change Addition
NAME LACNY, CARL		1.2 NAME		
STREET ADDRESS 1599 N.W. 9TH AVE., STE. 2-A		1,3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33486-1310		1.4 CITY-ST-ZIP		
TITLE P	☐ DELETE	2.1 TITLE		Change
NAME STERBERG, DENNIS		2.2 NAME		
STREET ADDRESS 960 MOCKING BIRD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL 33324		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME PEUSNER, HENRY DR		3.2 NAME		
STREET ADDRESS 8624 THOUSAND PINES CIRCL	_E	3.3 STREET ADDRESS		
CITY-ST-ZIP W. PALM BEACH FL 33411		3.4. CiTY-ST-ZiP		
TITLE	☐ DELETE	4.1 TITLE		L. Change L. Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	l ocusto	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City - ST - ZiP	l nevere	5.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	,	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	10.1.70	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further o	

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 address.

SIGNATURE: Qu LIGNATOWE REQUIRE

1-5-90

CE1 750 80.01

CR2E034 (10/97)