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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SOUTH FLOHIDA NUCLEAR N	MEDICINE, P.A.		
Principal Place of Business	Mailing Address		
1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486	1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486		
	Marchael		
2. Principal Place of Business	2a. Mailing Address 26		

Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90034 008 ***150.00

FILED



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed . 11/13/1992 4. FEI Number 65-0370311 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Country 8. This corporation owes the current year Intangible Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LACNY, CARL 1599 N.W. 9TH AVE. Street Address (P.O. Box Number is Not Acceptable) STE. #204-A 83 **BOCA RATON FL 33486** 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 200 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 300 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE				DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
12.	OFFICERS AND DIRECTORS Tidelete	13.	Charles .	Change Addition
TITLE		1.1 TITLE		Change D Addition
NAME	LACNY, CARL	1.2 NAME		
STREET ADDRESS	1599 N.W. 9TH AVE., STE. 2-A	1.3 STREET ADDRESS	13835	
CITY-ST-ZIP	BOCA RATON FL 33486-1310	1.4 CITY-ST-ZIP	- 5° 1.78 - 12.80	
TITLE ,	P DELETE	2.1 TITLE	• • • •	☐ Change ☐ Addition
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	S A STATE OF THE S	3.1 TITLE		☐ Change ☐ Addition
NAME	PEUSNER, HENRY DR	3.2 NAME		
STREET ADDRESS	8624 THOUSAND PINES CIRCLE	3.3 STREET ADDRESS		1、\$\$1、\$P\$(\$P\$(\$P\$(\$P\$(\$P\$(\$P\$(\$P\$(\$P\$(\$P\$(\$P\$
CITY-ST-ZIP.	.W. PALM BEACH FL 33411	3.4. CITY-ST-ZIP		[2] "特别是在1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年
TITLE	□ DELETE	4.1 TITLE	1 4 7 41 12 3 4	Change 💮 🖸 Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<u> </u>
TITLE	☐ DELETE	5.1 TITLE	· .	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	SUNGER, STORE DELETE	6.1 TITLE		Change Addition
NAME	1. 1898 有效。只能以及,对此及人	6.2 NAME	. `	•
STREET ADDRESS	gall man a collection	6.3 STREET ADDRESS		,
CITY-ST-ZIP	() () () () () () () () () ()	6.4 CITY-ST-ZIP		

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, with all other like empowered.