2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P92000004563 SOUTH FLORIDA NUCLEAR MEDICINE, P.A. 01-19-2000 90307 031 ***150.00 Principal Place of Business Mailing Address 1599 NW NINTH AVE 1599 NW NINTH AVE SUITE 2-A SUITE 2-A 802120 BOCA RATON FL 33486 BOCA RATON FL 33486-1306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0370311 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LACNY, CARL Street Address (P.O. Box Number is Not Acceptable) 1599 N.W. 9TH AVE. STE. #204-A **BOCA RATON FL 33486** Zip Code 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 ____.Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DVP TITLE Change ☐ Delete TITLE ☐ Addition LACNY, CARL NAME NAME STREET ADDRESS 1599 N.W. 9TH AVE., STE. 2-A STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486-1310 -- -- --CITY-ST-ZIP-TITLE Delete TITLE ☐ Addition NAME STERBERG, DENNIS NAME STREET ADDRESS 960 MOCKING BIRD LANE STREET ADDRESS CITY-ST-ZIF PLANTATION FL 33324 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition PEUSNER, HENRY DR NAME NAME STREET ADDRESS 8624 THOUSAND PINES CIRCLE STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33411 CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

AME OF SING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED