FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P9200004563 SOUTH FLORIDA NUCLEAR MEDICINE, P.A. 01-16-2001 90096 049 ***150 00 Mailing Address Principal Place of Business 1599 NW NINTH AVE 1599 NW NINTH AVE SUITE 2-A SUITE 2-A **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0370311 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition DVP ☐ Delete TITLE TITLE LACNY, CARL NAME NAME 1599 N.W. 9TH AVE., STE. 2-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486-1310 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STERBERG, DENNIS NAME NAME STREET ADDRESS 960 MOCKING BIRD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition Delete TITLE TITLE PEUSNER, HENRY DR NAME NAME 8624 THOUSAND PINES CIRCLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33411 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE: Only Law Case L. Law 1-4-00 58/750 8857