2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P92000004563 **Secretary of State** SOUTH FLORIDA NUCLEAR MEDICINE, P.A. Mailing Address Principal Place of Business 1599 NW NINTH AVE 1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486 SUITE 2-A BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0370311 Not Applicable Zφ Country 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 LACNY, CARL 1599 N.W. 9TH AVE Street Address (P.O. Box Number is Not Acceptable) STE. #204-A **BOCA RATON FL 33486** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agon; and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVP BILE ☐ Celete THE Change Addition MASSE LACNY, CARL NAME U000000077531 1599 N.W. 9TH AVE., STE. 2-A STREET ADDRESS STREET ADDRESS 03/05/04-80045-016 150.00 BOCA RATON FL 33486-1310 CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition THELE ☐ Delete STERBERG, DENNIS NAME NAME 960 MOCKING BIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TELLE Oelete TITLE Change Addition MALCE NAME PEUSNER, HENRY DR STREET ADDRESS STREET ADDRESS 8624 THOUSAND PINES CIRCLE CITY-S1-28P W. PALM BEACH FL 33411 CITY-ST-ZIP TITLE TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 33T3 E ☐ Detete THILE ☐ Change ☐ Addition NAME SAME STREET ADDRESS STREET ADDRESS CHY-ST-28P 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

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Mar 05, 2004 08:00 AM