## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NO TYPED OR PRINTED NAME

## Feb 24, 2005 08:00 AM DOCUMENT # P92000004563 **Secretary of State** 1. Entity Name SOUTH FLORIDA NUCLEAR MEDICINE, P.A. Principal Place of Business Mailing Address 1599 NW NINTH AVE 1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486 **BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0370311 Not Applicable Zip Country 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 1599 N.W. 9TH AVE. Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVP ☐ Change Addition Delete TITLE TITLE LACNY, CARL NAME NAME U00000241668 02/24/05-80052-020 15**0.0**0 1599 N.W. 9TH AVE., STE. 2-A STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486-1310** CITY-ST-ZIP CITY ST-7IP Defete TITLE ☐ Change Addition TITLE STERBERG, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 960 MOCKING BIRD LANE PLANTATION FL 33324 CITY-ST-ZIP CITY SX-ZIP Change ☐ Addition TITLE Delete TITLE NAME PEUSNER, HENRY DR NAME STREET ADDRESS 8624 THOUSAND PINES CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP W. PALM BEACH FL 33411 TOTALE ☐ Change HILE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NALÆ NAME STREET ADDRESS STREET ADDRESS 1. 1. 1. 1 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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**