**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

## P92000004563 DOCUMENT #

1. Entity Name

SOUTH FLORIDA NUCLEAR MEDICINE, P.A.



**FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90058 032 \*\*\*150.00

Principal Plac 1599 NW NIN SUITE 2-A BOCA RATON	TH AVE	Mailing Address 1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486								
2. Principal Place of Business		3. Mailing Address					7 ( <b>2011) 5</b> 0 + 510   1041 <b>5</b>   18611   04111   04114	DB	LIAN III ANN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	4. FEI Number 65-0370311 Applied For Not Applicable		-	
Zip	Country	Zip	- ಕ್ರಾಹಾಗ್ರಹ ಕ್ರಾಹಾಗಳ ಸ	Count	ry		Certificate of Status Desired	\$8.75 Add Fee Required		
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							FL	Zip Code	3	
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.  9nGNATURE  Signature, typed or printed time of recitered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be										
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State							to Fees	
10.	OFFICERS AND D	DIRECTO	PRS	11.		Αſ	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
THTLE	DVP		☐ Delete	TITLÉ				☐ Change	☐ Addition	
NAME	LACNY, CARL			NAME					1	
STREET ADDRESS	1599 N.W. 9TH AVE., STE. 2-A				T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33486-1310			CHY-	ŞT-ZIP					
TITLE	P PENNING		☐ Delete	TITLE				☐ Change	Addition	
NAME CTDEET ADDRESS	STERBERG, DENNIS 960 MOCKING BIRD LANE			NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	PLANTATION-FL-33324:		= 4 ±		ST-ZIP	المستحدث المستحدث	ف دادوسچین کست داد کی	T		
TITLE	e		☐ Delete	TITLE				☐ Change	Addition	
NAME	PEUSNER, HENRY DR		Delete	NAME				Onlings		
STREET ADDRESS	8624 THOUSAND PINES CIRCLE				T ADDRESS					
CITY-ST-ZIP	W. PALM BEACH FL 33411			CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE			<del> </del>	☐ Change	☐ Addition	
NAME	·			NAME			•			
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NAME				NAME						
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CITY-ST-ZIP	i			UIT-	ST-ZIP					

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.

SIGNATURE:

5617508851