

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 002 ***150.00

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1. Entity Name

PHARMACON NUCLEAR, INC.



Principal Place of Business

3812 MCELROY ROAD
OFFICE
DORAVILLE GA 30340
US

Mailing Address

3812 MCELROY RD
OFFICE
DORAVILLE GA 30340

50014450



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1704824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, KAY
9280 OCEAN CURVE DRIVE
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TATRO, CLAUDE G. JR.
STREET ADDRESS 64 SHERIDAN DR. N.E.
CITY-ST-ZIP ATLANTA GA 30305

TITLE VP ☒ Delete
NAME TATRO, CHARLOTTE R.
STREET ADDRESS 64 SHERIDAN DR. N.E.
CITY-ST-ZIP ATLANTA GA 30305

TITLE S ☐ Delete
NAME TATRO, PATRICIA
STREET ADDRESS 64 SHERIDAN DR. N.E.
CITY-ST-ZIP ATLANTA GA 30305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME PATRICIA TATRO
STREET ADDRESS 123 CLARION
CITY-ST-ZIP Decatur GA 30030

TITLE S ☒ Change ☐ Addition
NAME SUSAN TATRO SLIFER
STREET ADDRESS 225 RUMSON Rd
CITY-ST-ZIP Atlanta GA 30305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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:

Claude G. Tatro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/24/05

678-209-0409

Date

Daytime Phone #