

**F06000006778**

Florida Department of State  
Division of Corporations  
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**RESUBMISSION**  
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10/26/06

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Triad Isotopes, Inc.**

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Oct 27 2006 11:12 P.02  
PAGE 001/001 Florida Dept of State



October 27, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
UCC FILING & SEARCH SERVICES, INC.

SUBJECT: TRIAD ISOTOPES, INC.  
REF: W06000047218

**RESUBMISSION**  
**PLEASE HONOR ORIGINAL**  
**DATE OF SUBMISSION**  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 243-6933.

Dale White  
Document Specialist

FAX Aud. #: H06000260905  
Letter Number: 706A00063888

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

**1. Triad Isotopes, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Delaware**

(State or country under the law of which it is incorporated)

**3. 20-5744906**

(FEI number, if applicable)

**4. October 19, 2006**

(Date of incorporation)

**5. perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

**7. 6010 Blakeford Drive, Windermere, FL 34786**

(Principal office address)

**6010 Blakeford Drive, Windermere, FL 34786**

(Current mailing address)

**8.** to engage in the operation of nuclear pharmacies and all activities related thereto and to conduct such other activities for which corporations may be organized under the BCA of Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9** Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

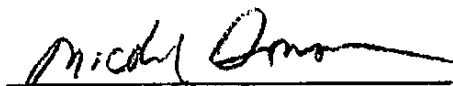
**Weston**, Florida **33331**

(City)

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

**11.** Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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Oct 20 06 02:03p

Bill McCormick

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TALLAHASSEE, FLORIDA

12 Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: Please see Exhibit A attached hereto.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. William McCormick, Senior Vice President and General Counsel

(Typed or printed name and capacity of person signing application)

## Exhibit A

TITLE	NAME	ADDRESS
<b>Directors</b>		
Director	Dom Meffe	6010 Blakeford Drive Windermere, FL 34786
Director	Casey Lynch	6010 Blakeford Drive Windermere, FL 34786
Director	William Kessinger	6010 Blakeford Drive Windermere, FL 34786
<b>Officers</b>		
President and Chief Executive Officer	Dom Meffe	6010 Blakeford Drive Windermere, FL 34786
Senior Vice President of Finance and Administration	Claudia Griffiths	6010 Blakeford Drive Windermere, FL 34786
Senior Vice President and General Counsel	William McCormick	6010 Blakeford Drive Windermere, FL 34786

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# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIAD ISOTOPES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIAD ISOTOPES, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5142172

DATE: 10-24-06