2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000226

1. Entity Name
NUCLEAR CARDIOLOGY SYSTEMS, INC.

Principal Place of Business	Mailing Address
5660 AIRPORT BLVD. SUITE 101 BOULDER, CO 80301	5660 AIRPORT BLVD. SUITE 101 BOULDER, CO 80301

07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1038005
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RETH, THERESA A
108 N. MAGNOLIA AVE.
SOVEREIGN BUILDING, #318
OCALA, FL 34475

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	ROSE, CHARLES H
STREET ADDRESS	1143 PEAKVIEW CIRCLE
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	SD
NAME	ROSE, VIRGINIA M
STREET ADDRESS	1143 PEAKVIEW CIRCLE
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	D
NAME	ROSE, MICHAEL B
STREET ADDRESS	5171 ELDORADO SPRINGS DR.
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

-U00000167403
07/20/04-80003-003 550.00

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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: Pres 15 July 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #