

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-04-2003 20154 002 \*\*\*500.00  
FILE#98000000226

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DOCUMENT # F98000000226

1. Entity Name

NUCLEAR CARDIOLOGY SYSTEMS, INC.



03 AUG 26 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5660 AIRPORT BLVD.  
SUITE 101  
BOULDER CO 80301

Mailing Address

5660 AIRPORT BLVD.  
SUITE 101  
BOULDER CO 80301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 PVTD ☐ Delete  
NAME ROSE, CHARLES H  
STREET ADDRESS 1143 PEAKVIEW CIRCLE  
CITY-ST-ZIP BOULDER CO 80302

TITLE SD ☐ Delete  
NAME ROSE, VIRGINIA M  
STREET ADDRESS 1143 PEAKVIEW CIRCLE  
CITY-ST-ZIP BOULDER CO 80302

TITLE D ☐ Delete  
NAME ROSE, MICHAEL B  
STREET ADDRESS 5171 ELDORADO SPRINGS DR.  
CITY-ST-ZIP BOULDER CO 80302

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  
200022635702  
08/28/03--01032--005 \*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Signature of Michael B. Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03  
Date

Daytime Phone #

CR2E034 (4/03)