

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # G15888**

1. Entity Name  
NUCLEAR MEDICINE ASSOCIATES, P.A.



Principal Place of Business

HRMC  
1350 S HICKORY ST  
MELBOURNE, FL 32901 US

Mailing Address

P O BOX 1000  
MELBOURNE, FL 32902-1000 US

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2261498

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEVY, RONALD D.  
855 SANDERLING DR  
INDIALANTIC, FL 32903

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVY, RONALD D. MD  
STREET ADDRESS P O BOX 1000 N/A  
CITY-ST-ZIP MELBOURNE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000636757  
02/26/07-80033-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Ronald Levy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 (321) 434-7116  
Date Daytime Phone #