

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90269 037 ***150.00

DOCUMENT # K32065

1. Entity Name

WESTMED NUCLEAR MEDICINE ASSOC., P.A.

Principal Place of Business

Mailing Address

% MIKE SEGAL
 4900 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33313

% MIKE SEGAL
 4900 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33313-7500

2. Principal Place of Business

6278 N Federal Hwy
 Suite, Apt. #, etc.
412

3. Mailing Address

6278 N Federal Hwy
 Suite, Apt. #, etc.
412

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0068758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIALE, PATRICIA A.
 4900 W. OAKLAND PARK BLVD., SUITE #308
 FT. LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name **MIALE, Patricia A**

Street Address (P.O. Box Number is Not Acceptable)
6278 N FEDERAL HWY
#412

City **FT LAUDERDALE**

FL

Zip Code

33308

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.

SIGNATURE

Patricia A. Miale

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIALE, AUGUST, JR., DR.	
STREET ADDRESS	4900 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SABA, NAJIB M	
STREET ADDRESS	4900 W. OAKLAND PARK BLVD. #308	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIALE, AUGUST, JR DR	
STREET ADDRESS	6278 N. FEDERAL HWY #412	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABA, NAJIB M	
STREET ADDRESS	6278 N. FEDERAL HWY #412	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Miale* **Patricia A Miale** **4/12/00** **954-489-2434**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)