

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32065

1. Entity Name
WESTMED NUCLEAR MEDICINE ASSOC., P.A.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90244 022 ***150.00

Principal Place of Business
6278 N FEDERAL HWY
#412
FORT LAUDERDALE FL 33308
US

Mailing Address
6278 N FEDERAL HWY
#412
FORT LAUDERDALE FL 33308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3120 N.E. 55th Street
Suite, Apt. #, etc.

3. Mailing Address
3120 N.E. 55th Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0068758

Applied For
Not Applicable

Zip Country
33308

Zip Country
33308

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

6. Name and Address of Current Registered Agent

MALE, PATRICIA A.
6278 N FEDERAL HWY
#412
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Male, Patricia A.
Street Address (P.O. Box Number is Not Acceptable)
3120 N.E. 55th Street
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
NAME MALE, AUGUST SR
STREET ADDRESS 6278 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE V
NAME SABA, NAJIB M
STREET ADDRESS 6278 N FEDERAL HWY #412
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3120 N.E. 55th Street
CITY-ST-ZIP Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)