

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

04-27-2006 90174 025 ****61.25

DOCUMENT # N05000007836					
1. Entity Name CERTIFICATION BOARD OF NUCLEAR ENDOCRINOLOGY, INC.					
Principal Place of Business 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222008 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-3244540				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BASKIN, H JACK 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DUICK, DANIEL S 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SISTRUNK, J WOODY 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BOWER, BRUCE F 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JONES, DONALD C 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Donald C. Jones		03/27/2006 904-353-7878 <small>Date Daytime Phone #</small>	

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