04-02-2007 90083 020 ****61.25
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 16 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400467070

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 - No P.O. Box #		3. Mailing Address	
245 Riverside Ave		245 Riverside Ave	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country USA	Zip 32202	Country USA

07232007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3244540 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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: Jones, Donald C. Street Address (P.O. Box Number is Not Acceptable): 245 Riverside Ave, #200 City: Jacksonville FL Zip Code: 32202

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: Donald C. Jones — Donald C. Jones, CEO — 03/23/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	M ☑ Change ☐ Addition
NAME	BASKIN, H JACK	NAME	Jones, Donald C
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205	STREET ADDRESS	245 Riverside Ave, #200
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUICK, DANIEL S	NAME	
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SISTRUNK, J WOODY	NAME	
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOWER, BRUCE F	NAME	
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, DONALD C	NAME	
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donald C. Jones — Donald C. Jones, CEO — 03/23/2007 — 904-353-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #