

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 034 ****61.25

DOCUMENT # N05000007836					
1. Entity Name CERTIFICATION BOARD OF NUCLEAR ENDOCRINOLOGY, INC.					
Principal Place of Business 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE, FL 32202			Mailing Address 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60023167</div> <div style="display: flex; justify-content: space-between; font-size: 10px; margin-top: 10px;"> 03112008 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 JONES, DONALD C 245 RIVERSIDE AVE. SUITE #200 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> 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	NAME BASKIN, H JACK <input type="checkbox"/> Delete		TITLE C/D	NAME H. Jack Baskin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205	CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 1741 Barcelona Way	CITY-ST-ZIP Winter Park FL 32789-5616	
TITLE D	NAME DUICK, DANIEL S <input type="checkbox"/> Delete		TITLE C/D	NAME J. Woody Sistrunk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205	CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 971 Lakeland Drive Suite 353	CITY-ST-ZIP Jackson MS 39216	
TITLE D	NAME SISTRUNK, J WOODY <input type="checkbox"/> Delete		TITLE D	NAME Richard Hellman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205	CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 2790 Clay Edwards Dr, Suite 1250	CITY-ST-ZIP North Kansas City MO 64116	
TITLE D	NAME BOWER, BRUCE F <input checked="" type="checkbox"/> Delete		TITLE D	NAME Steven A. Artz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205	CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 4522 MacCorkle Ave. Suite 3	CITY-ST-ZIP Charleston WV 25314	
TITLE M	NAME JONES, DONALD C <input type="checkbox"/> Delete		TITLE D	NAME Daniel S. Duick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 245 RIVERSIDE AVE., #200	CITY-ST-ZIP JACKSONVILLE, FL 32202		STREET ADDRESS 3522 N 3rd Ave	CITY-ST-ZIP Phoenix AZ 85013-3903	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <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:			Donald C Jones		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03/27/2008		
Daytime Phone #					

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ATTACHMENT

DOCUMENT # N05000007836

1. Entity Name
CERTIFICATION BOARD OF NUCLEAR
ENDOCRINOLOGY, INC.



Principal Place of Business
245 RIVERSIDE AVE.
SUITE 200
JACKSONVILLE, FL 32202

Mailing Address
245 RIVERSIDE AVE.
SUITE 200
JACKSONVILLE, FL 32202

60023167

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-3244540

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JONES, DONALD C
245 RIVERSIDE AVE.
SUITE #200
JACKSONVILLE, FL 32202

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

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, 2008

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

TITLE D ☐ Delete
NAME BASKIN, H JACK
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE D ☐ Delete
NAME DUICK, DANIEL S
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE D ☐ Delete
NAME SISTRUNK, J WOODY
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE D ☐ Delete
NAME BOWER, BRUCE F
STREET ADDRESS 1000 RIVERSIDE AVE SUITE 205
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE M ☐ Delete
NAME JONES, DONALD C
STREET ADDRESS 245 RIVERSIDE AVE., #200
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Carlos Robert Hamilton, Jr.
STREET ADDRESS 7000 Fannin Street, Suite 1535
CITY-ST-ZIP Houston TX 77030

TITLE D ☐ Change ☒ Addition
NAME Michael A. Lawson
STREET ADDRESS C/O Emmi, PC - PO Box 45389
CITY-ST-ZIP Phoenix AZ 85064-5389

TITLE D ☐ Change ☒ Addition
NAME Mark A. Lupo
STREET ADDRESS 5741 Bee Ridge Rd, Suite 500
CITY-ST-ZIP Sarasota FL 34233-5080

TITLE D ☐ Change ☒ Addition
NAME Eric A. Orzeck
STREET ADDRESS 10023 South Main Street, C-4
CITY-ST-ZIP Houston TX 77025

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

03/27/2008

Date

Daytime Phone #