

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 16, 2009
Secretary of State

DOCUMENT# N05000007836

Entity Name: CERTIFICATION BOARD OF NUCLEAR ENDOCRINOLOGY, INC.**Current Principal Place of Business:**245 RIVERSIDE AVE.
SUITE 200
JACKSONVILLE, FL 32202 US**New Principal Place of Business:****Current Mailing Address:**245 RIVERSIDE AVE.
SUITE 200
JACKSONVILLE, FL 32202 US**New Mailing Address:****FEI Number:** 20-3244540**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, DONALD C
245 RIVERSIDE AVE.
SUITE #200
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: BASKIN, H. J MD
Address: 1741 BARCELONA WAY
City-St-Zip: WINTER PARK, FL 32789 US**Title:** D () Delete
Name: DUICK, DANIEL S MD
Address: 3522 N 3RD AVE
City-St-Zip: PHOENIX, AZ 85013 US**Title:** D () Delete
Name: SISTRUNK, J W MD
Address: 971 LAKELAND DRIVE SUITE 353
City-St-Zip: JACKSON, MS 39216 US**Title:** MGR () Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVENUE SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202 US**Title:** D () Delete
Name: HAMILTON, CARLOS R MD
Address: 7000 FANNIN STREET SUITE 1535
City-St-Zip: HOUSTON, TX 77030 US**Title:** D () Delete
Name: LUPO, MARK A MD
Address: 5471 BEE RIDGE ROAD SUITE 500
City-St-Zip: SARASOTA, FL 34233 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** C (X) Change () Addition
Name: ORZECK, ERIC A MD
Address: 10023 SOUTH MAIN STREET C-4
City-St-Zip: HOUSTON, TX 77025 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

MGR

06/16/2009

Electronic Signature of Signing Officer or Director_____
Date