

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90032 024 \*\*\*150.00  
 07-31-2001 90003 015 \*\*\*150.00

**DOCUMENT # P00000033685**

1. Entity Name  
**KENDALL NUCLEAR MEDICINE, INC.**

*U*

Principal Place of Business Mailing Address  
~~9400 SOUTH DADELAND BLVD.~~ ~~9400 SOUTH DADELAND BLVD.~~  
~~SUITE 900~~ ~~SUITE 900~~  
~~MIAMI FL 33156~~ ~~MIAMI FL 33156~~

2. Principal Place of Business 3. Mailing Address  
**9000 S.W. 87 Court** **9000 SW 87th Court**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 111** **Suite 111**

City & State City & State  
**Miami, FL** **Miami, FL**

Zip Country Zip Country  
**33176** **USA** **33176** **USA**

4. FEI Number Applied For  
**65-0418080** Not Applicable

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

6. Name and Address of Current Registered Agent  
~~WOLSKY, MARJORIE P~~  
~~7085 SW 104TH STREET~~  
~~SUITE 220~~  
~~MIAMI FL 33168~~

7. Name and Address of New Registered Agent  
 Name **Bruce Fitell, C.P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9000 S.W. 87th Court**  
**Suite 107**  
 City **Miami** **FL** Zip Code **33176**

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 *Bruce Fitell* **BRUCE FITELL** **7/23/01**  
 (Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

☒ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHINKMAN, STEPHEN</b> <b>9000 SW 87TH COURT #111</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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:** *Steph Shinkman* **STEPH SHINKMAN** **President** **7/23/01**  
 (Signature and typed or printed name of signing officer or director) Date Daytime Phone #

0047186

CR2F034 (5/01)