

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-23-2003 90062 038 ***558.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000128126
 1. Entity Name
NUCLEAR RADIATION DIAGNOSTICS CORPORATION



Principal Place of Business Mailing Address
8770 SUNSET DRIVE 8770 SUNSET DRIVE
SUITE 523 SUITE 523
MIAMI FL 33137 MIAMI FL 33137
US US

55053722

2. Principal Place of Business 3. Mailing Address
4912 SW 75 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL

Zip Country Zip Country
33155 USA

4. FEI Number Applied For
32-0045330 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BURGER, ALAN M
8603 SOUTH DIXIE HIGHWAY
SUITE 303
MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name **HENRY FOSTER**
 Street Address (P.O. Box Number is Not Acceptable)
7441 SW 66th St
 City **MIAMI** FL Zip Code **33143**

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  **HENRY FOSTER** **7/11/03**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT JOHN CLEMENTE 8770 SUNSET DR #523 MIAMI, FL 33137 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR HENRY FOSTER 7441 SW 66 STREET MIAMI, FL 33143 | <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 |

11. 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 |
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| 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED HENRY FOSTER** **7/11/03** **3056636634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (4/03)