

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  
8770 SUNSET DRIVE  
SUITE 523  
MIAMI FL 33137  
US

Mailing Address  
8770 SUNSET DRIVE  
SUITE 523  
MIAMI FL 33137  
US

55053722

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
MIAMI, FL  
Zip  
33155  
Country  
USA

City & State  
City  
Zip  
Country

4. FEI Number  
32-0045330

Applied For  
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

7. Name and Address of New Registered Agent

BURGER, ALAN M  
8603 SOUTH DIXIE HIGHWAY  
SUITE 303  
MIAMI FL 33143

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

Signature, typed if printed name of registered agent and title if applicable.

HENRY FOSTER

(NOTE: Registered Agent signature required when reinstating)

7/11/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HENRY FOSTER

7/11/03 3056636634  
Date Daytime Phone #

CR2E034 (4/03)