

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000043542**

1. Entity Name  
**NUCLEAR CARDIOLOGY SERVICES, P.A.**



Principal Place of Business  
**21 BAY COLONY DR.  
FT. LAUDERDALE, FL 33308-2001**

Mailing Address  
**21 BAY COLONY DR.  
FT. LAUDERDALE, FL 33308-2001**



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0334335</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PAOLI, ANITA ESQ.  
1720 HARRISON ST., STE. 6CW  
HOLLYWOOD, FL 33020-6829**

**DO NOT WRITE  
IN THIS SPACE**

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 *Anita Paoli, Esq.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/18/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	PST KOTLER, JON A M.D. 21 BAY COLONY DR. FT. LAUDERDALE, FL 333082001
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04/22/05-80056-012 150.00

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IN THIS SPACE**

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: *Anita Paoli, Esq.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/18/05* Daytime Phone #