FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004563 (2)

1. Corporation Name
BOCA NUCLEAR MEDICINE, INC.

Principal Place of Business	Mailing Address
1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486	1599 NW NINTH AVE SUITE 2-A BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0370311 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address
Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent
~~VEGOSEN, DEAN~~
~~500 S AUSTRALIAN AVE~~
~~WEST PALM BEACH FL 33402~~

10. Name and Address of New Registered Agent
Name: CARL M LACNY
Street Address (P.O. Box Number Is Not Acceptable): 1599 N W 9TH Ave
Suite 204-A
City: BOCA RATON FlA FL Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] CARL M. LACNY Vice President. 3/16/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	~~VEGOSEN, DEAN,~~	~~500 S. AUSTRALIAN AVE.~~	~~WEST PALM BEACH FL~~
D/V V.P.	LACNY, CARL,	1599 N.W. 9TH AVE., STE. 2-A	BOCA RATON FL 33486-1310
President	Dennis Sternberg	960 Mocking Bird lane	Plantation Fla 33324
Secretary	Dr. Henry Pleuser	8624 Thousand Pines Circle	W P B Fla 33411

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(Change / Addition boxes, entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank)

800001437298
-03/23/95--01012--008-
****200.00 ****200.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95 DATE   407 750 8851 DAYTIME PHONE

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