

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004563

1. Entity Name
SOUTH FLORIDA NUCLEAR MEDICINE, P.A.

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

Mailing Address
1599 NW NINTH AVE
SUITE 2-A
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0370311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LACNY, CARL
1599 N.W. 9TH AVE.
STE. #204-A
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	DVP LACNY, CARL 1599 N.W. 9TH AVE., STE. 2-A BOCA RATON FL 33486-1310	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERBERG, DENNIS 960 MOCKING BIRD LANE PLANTATION FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEUSNER, HENRY DR 8624 THOUSAND PINES CIRCLE W. PALM BEACH FL 33411	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED 812-31-01 561 750 8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90001 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)