2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P92000004563

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0370311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: LACNY, CARL
Address: 1599 N.W. 9TH AVE., STE. 2-A
City-St-Zip: BOCA RATON, FL 334861310

Title: P ( ) Delete
Name: STERBERG, DENNIS
Address: 960 MOCKING BIRD LANE
City-St-Zip: PLANTATION, FL 33324 US

Title: S ( ) Delete
Name: PEUSNER, HENRY DR
Address: 8624 THOUSAND PINES CIRCLE
City-St-Zip: W. PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL LACNY DVP 01/06/2006

Electronic Signature of Signing Officer or Director — Date