2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004563

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

FILED Jun 14, 2007 Secretary of State

•			_,				
Current Principal Place of Business:				New Principal Place of Business:			
1599 NW NINTH AVE SUITE 2-A BOCA RATON, FL 33486				1599 NW NINTH AVE SUITE 204 BOCA RATON, FL 33486			
Current Mailing Address:				New Mailing Address:			
1599 NW NINTH AVE SUITE 2-A BOCA RATON, FL 33486				1599 NW NINTH AVE SUITE 204 BOCA RATON, FL 33486			
FEI Number	: 65-0370311	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LACNY, CARL 1599 N.W. 9TH AVE. STE. #204-A BOCA RATON, FL 33486 US				LACNY, CARL 1599 N.W. 9TH AVE. STE. #204 BOCA RATON, FL 33486 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE: CARL LACNY				06/14/2007			
	Electron	ic Signature of Registered Age	ent			Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPS () LACNY, CARL 1599 N.W. 9TH BOCA RATON,	•		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () STERNBERG, I 960 MOCKING PLANTATION, F	BIRD LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PEUSNER, HE	ID PINES CIRCLE		Title: Name: Address: City-St-Zip:	P PEVSNER, I 301 DESOT HOLLYWOO		

I hereby certify that the information supplied with this filing does not qualify 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: HENRY PEVSNER PRES 06/14/2007