

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004563

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

1599 NW NINTH AVE
SUITE 204
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1599 NW NINTH AVE
SUITE 204
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
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: VPS () Delete
Name: LACNY, CARL
Address: 1599 N.W. 9TH AVE., STE. 2-A
City-St-Zip: BOCA RATON, FL 334861310

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

Title: P () Delete
Name: PEVSNER, HENRY N
Address: 301 DESOTO ST.
City-St-Zip: HOLLYWOOD, FL 33409

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 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 M LACNY

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date