

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000057828 1. Entity Name NUCLEAR MEDICINE IMAGING, INC.	
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Principal Place of Business 1845 CANE MILL ROAD CHIPLEY, FL 32428	Mailing Address 1845 CANE MILL ROAD CHIPLEY, FL 32428
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**DO NOT WRITE IN THIS SPACE**



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3233615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PADGETT, SCOTT  
 1845 CANE MILL ROAD  
 CHIPLEY, FL 32428

**DO NOT WRITE IN THIS SPACE**

U00000952170  
 06/04/08-80069-011 150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott Padgett Scott Padgett DATE: 5/14/08

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADGETT, SCOTT R 1845 CANE MILL ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Padgett Scott Padgett DATE: 5/14/08 685-7346 (850) 685-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #