

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000037077

FILED
Apr 28, 2003
Secretary of State

Entity Name: NAPLES NUCLEAR MEDICINE, INC.

Current Principal Place of Business:

671 GOODLETTE ROAD
SUITE 140
NAPLES, FL 33942 US

New Principal Place of Business:

Current Mailing Address:

671 GOODLETTE ROAD
SUITE 140
NAPLES, FL 33942 US

New Mailing Address:

FEI Number: 59-3248641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MICHAEL G
2171 PINE RIDGE ROAD
NAPLES, FL 34109 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: P () Delete
Name: MORRISON, MICHAEL M
Address: 671 GOODLETTE RD N SUITE 140
City-St-Zip: NAPLES, FL

Title: V () Delete
Name: FUEREDI, ADAM MD
Address: 1857 GALLEON DR
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: MICHAEL MORRISON

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

Date