2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90026 012 ***150.00

DOCUMENT # P96000052131

1. Entity Name

FLORIDA METABOLIC IMAGING, INC.

Principal Place of Business	Mailing Address
5458 TOWN CENTER ROAD SUITE 103 BOCA RATON FL 33486	PO BOX 11697 FT. LAUDERDALE FL 33339

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4725 N. Federal Hwy	
Suite, Apt. #, etc. NUC Med Dept c/o Jon Kotler, M.D.	Suite, Apt. #, etc.
City & State Fort Lauderdale FL	City & State
Zip 33308 Country USA	Zip Country

4. FEI Number 65-0686110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAOLI, ANITA ESQ
1720 HARRISON ST STE 8B
HOLLYWOOD FL 33020-6848

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
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
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOTLER, JON A 5458 TOWNE CENTER ROAD BOCA RATON FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JON A. KOTLER MD 21 Bay Colony Drive Fort Lauderdale, FL 33308-2001	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAOLI, ANITA ESQ 1720 HARRISON ST STE 6CW HOLLYWOOD FL 33020-6829	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANITA PAOLI, ESQ 1720 Harrison St, Suite 8B Hollywood, FL 33020-6848	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/5/08 (954) 924-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #