8000097702 Requester's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. ____(Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ■ Walk in Pick up time Certified Copy Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORINA
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: <u>MEDICAL</u> <u>FSOTOPES</u> OF <u>AMERICA</u> , <u>FNC</u> .
2. The mailing address of the corporation is: 4300 ALTON ROAD
MIAMI BEACH, FL 33140
3. Date of incorporation/qualification: $1/1/9/98$ Document number: 99800097702
4. The name and address of the current registered agent and office:
ALYSON R. OSMAN
4300 ALTON ROAD
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
PRISCULA FRIENIANA
4300 ALTON ROAD
MIHMI BEACH, FL 33140
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
mand De 6/14/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
M. Brooks Turket SR UP (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
PRISCILLA FRIEDLAND EXECUTIVE ASSISTANT (Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *