

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097702

1. Entity Name  
MEDICAL ISOTOPES OF AMERICA, INC.

Principal Place of Business

4300 ALTON ROAD  
MIAMI BEACH FL 33140

Mailing Address

4300 ALTON ROAD  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSMAN, ALYSON RESQ.  
4300 ALTON ROAD  
MIAMI BEACH FL 33140

Name Priscilla Friedland

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

4300 ALTON ROAD

City

Miami Beach

FL

Zip Code

33140

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.

SIGNATURE

Priscilla Friedland

Signature, typed or printed name of registered agent and title if applicable

Priscilla Friedland

(NOTE: Registered Agent signature required when reinstating)

9/22/00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUBIO, FRANCISCO F ☐ Delete  
STREET ADDRESS 4300 ALTON RD  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE SD  
NAME BOOTHE, THOMAS E ☒ Delete  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400003427484--1  
CITY-ST-ZIP -10/17/00--01048--009  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Sept 2000 305 C 7A-2465

Date

Daytime Phone #

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

00 OCT -6 PM 4:02



REINSTATEMENT

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CR-2004 (5/00)