

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90257 037 \*\*\*150.00

**DOCUMENT # V38978**

1. Entity Name  
**NUCLEAR STUDIES OF SOUTH FLORIDA, P.A.**



Principal Place of Business  
**5458 TOWN CENTER RD.  
#102  
BOCA RATON, FL 33486 US**

Mailing Address  
**P.O. BOX 11697  
FT LAUDERDALE, FL 33339 US**

**50041914**



2. Principal Place of Business  
**5458 Town Center Rd**

3. Mailing Address  
**Suite, Apt. #, etc.  
Suite # 103**

Suite, Apt. #, etc.  
**Suite # 103**

Suite, Apt. #, etc.  
**Suite # 103**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33486**

Country  
**US**

Zip  
**33486**

Country  
**US**

04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0335892**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KOTLER, ANITA PAOLI, ESQUIRE  
1720 HARRISON STREET, STE #60W  
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name  
**Paoli, Anita, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1720 Harrison St, Ste 6 C-W**

City  
**Hollywood**

FL

Zip Code  
**33020-6520**

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 **Anita Paoli Esq.** DATE **4/18/05**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
**PVS**

NAME  
**KOTLER, JON ALLEN**

STREET ADDRESS  
**4725 N FEDERAL HWY**

CITY-ST-ZIP  
**FT LAUDERDALE, FL**

☐ Delete

TITLE  
**TD**

NAME  
**KOTLER, JON ALLEN**

STREET ADDRESS  
**4725 N FEDERAL HWY**

CITY-ST-ZIP  
**FT LAUDERDALE, FL**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anita Paoli Esq.** DATE **4/18/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR