


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90240 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|--|---|--|---|
| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number: 65-0335892 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KOTLER, ANITA PAOLI, ESQUIRE 1720 HARRISON STREET, STE #60W HOLLYWOOD, FL 33020 | | 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent's signature required when assisting) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PVS KOTLER, JON ALLEN 4726 N FEDERAL HWY FT LAUDERDALE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empowereds. | | | |
| SIGNATURE: <i>Anita Paoli Kotler</i> | | Date: <i>4/23/03</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

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CHECK HERE IF MAKING CHANGES

CRE034 (1/02)