## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007836

Entity Name: CERTIFICATION BOARD OF NUCLEAR ENDOCRINOLOGY, INC.

FILED
Apr 05, 2013
Secretary of State
CC7149872125

## **Current Principal Place of Business:**

245 RIVERSIDE AVE. SUITE 200

JACKSONVILLE, FL 32202

## **Current Mailing Address:**

245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE, FL 32202 US

FEI Number: 20-3244540 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JONES, DONALD C 245 RIVERSIDE AVE. SUITE #200 JACKSONVILLE, FL 32202 US

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title C

Name BASKIN, H. JMD Name ORZECK, ERIC AMD

Address 1741 BARCELONA WAY Address 10023 SOUTH MAIN STREET C-4

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: HOUSTON TX 77025

Title D Title CEO

Name ARTZ, STEVEN MD Name JONES, DONALD C

Address 4522 MACCORKLE AVE SE SUITE 3 Address 245 RIVERSIDE AVENUE SUITE 200

City-State-Zip: CHARLESTON WV 25304 City-State-Zip: JACKSONVILLE FL 32202

Title D Title D

Name HAMILTON, CARLOS RMD Name LUPO, MARK AMD

Address 7000 FANNIN STREET SUITE 1535 Address 5741 BEE RIDGE ROAD SUITE 500

City-State-Zip: HOUSTON TX 77030 City-State-Zip: SARASOTA FL 34233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.