

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004708

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** BROWARD P.E.T. IMAGING CENTER, L.L.C.

**Current Principal Place of Business:**

4850 WEST OAKLAND PARK BLVD.  
SUITE 145  
FT. LAUDERDALE, FL 33313

**New Principal Place of Business:**

4850 W OAKLAND PARK BLVD.  
SUITE 145  
FT. LAUDERDALE, FL 33313

**Current Mailing Address:**

4850 WEST OAKLAND PARK BLVD.  
SUITE 145  
FT. LAUDERDALE, FL 33313

**New Mailing Address:**

4850 W OAKLAND PARK BLVD.  
SUITE 145  
FT. LAUDERDALE, FL 33313

FEI Number: 65-1091224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, BRIAN A  
255 ALHAMBRA CIRCLE  
STE 850  
CORAL GABLES, FL 331340000 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAUER, EDWARD A MD  
Address: 4850 W OAKLAND PD BLVD, SUITE #145  
City-St-Zip: FORT LAUDERDALE, FL 33313

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD A DAUER, MD

MGRM

03/19/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date