FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # F01000002696 1. Entity Name PREMIER P.E.T. IMAGING INTERNATIONAL, INC. 01-30-2002 90030 040 ***158.75 Principal Place of Business Mailing Address 2300 GLADES ROAD, SUITE 100-W 2300 GLADES ROAD, SUITE 100-W **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1096997 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAHONEY, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD, SUITE 100-W **BOCA RATON FL 33431** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete SCHULMAN, STEPHEN A DR. NAME NAME 2300 GLADES ROAD, SUITE 100-W STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-7IP CF₀ THILE ☐ Delete TITLE ☐ Change Addition MAHONEY, GEORGE NAME NAME 2300 GLADES ROAD, SUITE 100-W STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition DONALDSON, JOHN NAME NAME 2300 GLADES ROAD, SUITE 100-W STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MCFARLAND, ROBERT A DR. NAME NAME 2300 GLADES ROAD, SUITE 100-W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SEAN OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

561-447-0046 Daytime Phone #