


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90170 027 ***158.75

DOCUMENT # F01000002696		
1. Entity Name PREMIER P.E.T. IMAGING INTERNATIONAL, INC.		

Principal Place of Business 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431
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50035475

2. Principal Place of Business 4710 NW BOCA RATON BLVD. SUITE 200 BOCA RATON, FL	3. Mailing Address 4710 NW BOCA RATON BLVD. SUITE 200 BOCA RATON, FL
4. FEI Number 65-1096997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

04072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MAHONEY, GEORGE 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULMAN, STEPHEN A DR. 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAHONEY, GEORGE 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, JOHN 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, ROBERT A DR. 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

GEORGE W. MAHONEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2005 **(561) 998-0688**
Date Daytime Phone #