

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90073 013 \*\*\*138.75

**DOCUMENT # L00000011312**

1. Entity Name  
**NATIONAL P.E.T. SCAN DADE, LLC**



Principal Place of Business

**7867 N. KENDALL DRIVE STE 121 #120**  
**MIAMI, FL 33156**

Mailing Address

**ONE INDEPENDENT DRIVE**  
**SUITE 2201**  
**JACKSONVILLE, FL 32202**

*121 is correct*



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3673859**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GIBBS, THOMAS E ESQ**  
**C/O LEBOUF, LAMB, GREENE Dewey + LeBeauf, LLP**  
**50 NORTH LAURA STREET, SUITE 2800**  
**JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**NATIONAL P.E.T. SCAN MANAGEMENT LLC**  
**ONE INDEPENDENT DRIVE, SUITE 2201**  
**JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Dix ORUCE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2/4/08*