

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011313

1. Entity Name
NATIONAL P.E.T. SCAN DUVAL, LLC

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~% JAMES A. NOLAN, III, ESQ.~~
~~ONE INDEPENDENT DRIVE, SUITE 3000~~
~~JACKSONVILLE FL 32202~~

Mailing Address
~~% JAMES A. NOLAN, III, ESQ.~~
~~ONE INDEPENDENT DRIVE, SUITE 3000~~
~~JACKSONVILLE FL 32202~~

2. Principal Place of Business
One Independent Drive

3. Mailing Address
One Independent Drive

Suite, Apt. #, etc.
Suite 2201

Suite, Apt. #, etc.
Suite 2201

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32202

Country
US

Zip
32202

Country
US

4. FEI Number
59-3673857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MABM CORPORATE SERVICES, INC.
% JAMES A. NOLAN, III, ESQ.
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
RAX CO., a Florida corporation

Street Address (P.O. Box Number is Not Acceptable)
c/o James A. Nolan, III

50 North Laura Street, Suite 3300

City
Jacksonville

FL

Zip Code
32202

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 James A. Nolan, III, VP 01/30/01

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member ☐ Delete
National P.E.T. Scan Management LLC
P. O. Box 4246
Jacksonville, FL 32201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Delete
Heard, M. Earl
19203 Black Mangrove Court
Boca Raton, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Delete
Ward, Don
2201 Independent Drive
Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 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: James A. Nolan, III, VP, Manager

2/2/01 (904) 358-8441

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

Date Daytime Phone #

0002436 AF

CR2E083 (11/00)