Aff mended X LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L00000011313 02 NOV 22 AM 10: 45 1. Entity Name National P.E.T. Scan Duval, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address One Independent Drive Suite, Apt. #, etc. Suite 2201 Suite. Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Jacksonville, Florida 593673857 Not Applicable Country Zip Country \$5.00 Additional 32202 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Thomas E. Gibbs, Esq. of LeBouef, Lamb, Greene DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 50 N. Laura Street, Suite 2800 City Jacksonville 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. Thomas E. Gibbs 11/13/02 d agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE TITLE * MGMR - National P.E.T. Scan Management, 900009159849 NAME NAME LLC, One Independent Drive, Suite 2201 STREET ADDRESS 11/22/02--01012--001 **330.00 STREET ADDRESS Jacksonville, Florida 32202 CR2E083B CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST. 7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE IN THIS SPACE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

T. Allen Glover, President

11/13/02

904-358-9640

Daytime Phone #

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