


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011313	
1. Entity Name NATIONAL P.E.T. SCAN DUVAL, LLC	

Principal Place of Business 425 LEE STREET STE 104 JACKSONVILLE, FL 32204	Mailing Address ONE INDEPENDENT DRIVE SUITE 2201 JACKSONVILLE, FL 32202
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01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3673857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIBBS, THOMAS E ESQ LE BOEUX, LAMB, GREENE, & MACRAE 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATIONAL P.E.T. SCAN MANAGEMENT, LLC ONE INDEPENDENT DR STE 2201 JACKSONVILLE, FL 32202
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<p>U000000362784 05/05/05-80134-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Katherine A. Inisbee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>04-26-05</i> <small>Date Daytime Phone #</small>