2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011313

Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

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

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

02-14-2008 90073 009 ***138.75



DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

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

GIBBS, THOMAS E ESQ LE BOEUX, LAMB, GREENE, &MACRAE DEWEY & LE DEOUR 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202

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	named entity submits this statement for the purpose of chair ions of registered agent.	nging its registered	office or registered agent, or both, in the Stat	e of Florida. I am familiar with, and accep
SIGNATURE				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ag	gent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 ; 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	NATIONAL P.E.T. SCAN MANAGEMENT, LLC	i i		
STREET ADDRESS	ONE INDEPENDENT DR STE 2201			
CITY-ST-ZIP	JACKSONVILLE, FL 32202			
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11. I hereby certify that the information supplied with this fifing 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.

DIA DRUCK

SIGNATURE:

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

214/08

Daytime Phone #