


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000014681 1. Entity Name NATIONAL P.E.T. SCAN MANAGEMENT, LLC	
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Principal Place of Business ONE INDEPENDENT DRIVE, SUITE 2201 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE, SUITE 2201 JACKSONVILLE, FL 32202
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01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3688943	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIBBS, THOMAS E ESQ
LEBOEUF, LAMB, GREENE, & MACROE
50 NORTH LAURA ST., STE. 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 _____

**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, LLC ONE INDEPENDENT DR, STE 2201 JACKSONVILLE, FL 32202
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05/05/05-80061-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Katherine A. Frisbee*

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

Date

Daytime Phone #

04-26-05