

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90024 012 \*\*\*\*50.00

**DOCUMENT # L00000014681**

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



Principal Place of Business  
ONE INDEPENDENT DRIVE, SUITE 2201  
JACKSONVILLE, FL 32202

Mailing Address  
ONE INDEPENDENT DRIVE, SUITE 2201  
JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3688943

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  
LEBOEUF, LAMB, GREENE, & MACROE  
50 NORTH LAURA ST., STE. 2800  
JACKSONVILLE, FL 32202

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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, 2006**

**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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** *Katherine A. Frisbee*

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

Date

Daytime Phone #

*03-17-06*