2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L00000016181

Entity Name: ADVANCED PET, LLC

Current Principal Place of Business:

1596 S.E. FEDERAL HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

321 RIDGE RD
% DR. MARK GREENBERG
JUPITER, FL 33477

New Mailing Address:

5133 ISABELLA DR.
% DR. MARK GREENBERG
PALM BEACH GARDENS, FL 33418

FEI Number: 65-1063149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENBERG, MARK M.D.
321 RIDGE ROAD
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

GREENBERG, MARK M.D.
5133 ISABELLA DR.
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: _____ 03/31/2008

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ADVANCED MEDICAL IMA, GING OF STUART , L.P.
Address: 1596 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Delete
Name: GREENBERG, MARK
Address: 321 RIDGE ROAD
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: GREENBERG, MARK
Address: 5133 ISABELLA DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK GREENBERG MGR 03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date