

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90966 006 \*\*\*\*50.00

**DOCUMENT # L01000012645**

1. Entity Name

**US PET IMAGING, LLC**

Principal Place of Business

2030 BEE RIDGE ROAD  
 SUITE A  
 SARASOTA FL 34239-6108

Mailing Address

2030 BEE RIDGE ROAD  
 SUITE A  
 SARASOTA FL 34239-6108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3742960

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDI, INITA K**  
 501 LINCOLN AVE., SOUTH, SUITE 25  
 CLEARWATER FL 33756

Name: *Bedi, Inita*

Street Address (P.O. Box Number is Not Acceptable)  
*2030 Bee Ridge Road, Suite A*

City: *Sarasota* FL Zip Code: *34239*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: *Managing Member*  Delete  
 NAME: *Inita Bedi*  
 STREET ADDRESS: *2030 Bee Ridge Road, Suite A*  
 CITY-ST-ZIP: *Sarasota FL 34239*

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: *Managing Member*  Delete  
 NAME: *Neil Bedi*  
 STREET ADDRESS: *2030 Bee Ridge Road, Ste A*  
 CITY-ST-ZIP: *Sarasota FL 34239*

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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:

*Inita Bedi* **REQUIRED**

*3-25-02 94 9810383*

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

Date

Daytime Phone #

CR2E083 (9/01)