

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012645

FILED
Feb 23, 2007
Secretary of State

Entity Name: MOLECULAR IMAGING OF SARASOTA, LLC

Current Principal Place of Business:

3830 BEE RIDGE ROAD
SUITE 100
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25487
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 59-3742960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDI, INITA K
2030 BEE RIDGE ROAD
SUITE A
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

BEDI, INITA K
3830 BEE RIDGE ROAD
SUITE 100
SARASOTA, FL 34233 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: INITA BEDI

02/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEDI, INITA
Address: 2030 BEE RIDGE ROAD - SUITE A
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: BEDI, NEIL
Address: 2030 BEE RIDGE ROAD - SUITE A
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEDI, INITA
Address: 3830 BEE RIDGE ROAD - SUITE 100
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Change () Addition
Name: BEDI, NEIL
Address: 3830 BEE RIDGE ROAD - SUITE 100
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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: INITA BEDI

MGMR

02/23/2007

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