

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
in Smith
Secretary of State
DIVISION OF CORPORATIONS
FILED
STATE
SECRETARY OF CORPORATION
NOV 19 9:11

1. DOCUMENT # L01000018923

REINSTATEMENT 2002

0009191 01 FP 0,352 **PRSRT H1 0 0615 32202-501551
NATIONAL P.E.T. SCAN PINELLAS, LLC
ONE INDEPENDENT DRIVE
SUITE 2201
JACKSONVILLE FL 32202-5015



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business ONE INDEPENDENT DRIVE SUITE 2201 JACKSONVILLE FL 32202		5. Date Organized or Qualified To Do Business in Florida 11/01/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent RAX CO. C/O JAMES A. NOLAN III, ESQ. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Thomas E. Gibbs, Esq. Street Address (P.O. Box Number is Not Acceptable): Leboeuf, Lamb, Green & MacRae 50 N. Laura Street, Ste. 2800 City: Jacksonville FL Zip Code: 32202			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <i>[Signature]</i> Date: 11/04/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBRM	National P.E.T. Scan Management, LLC	One Independent Drive Suite 2201	Jacksonville, FL 32202
			1000009083671 11/19/02--01058--003 **150.00
REINSTATEMENT 2002			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: *[Signature]* Date: 11-5-02 Daytime Phone: (904) 358-8441

Typed or printed name of signing Managing Member/Manager: National P.E.T. Scan Management, LLC BUT Allen G. [unclear]