


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000018923</b> 1. Entity Name NATIONAL P.E.T. SCAN PINELLAS, LLC	
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Principal Place of Business  
THE KOGER CTR. PASCO BLDG  
STE 110 805 EXECUTIVE  
SAINT PETERSBURG, FL 33702

Mailing Address  
ONE INDEPENDENT DRIVE  
SUITE 2201  
JACKSONVILLE, FL 32202



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0572233	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GIBBS, THOMAS E ESQ.  
LEBOUEF, LAMB, GREEN & MACRAE  
50 N. LAURA STREET, STE. 2800  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATIONAL P.E.T. SCAN MANAGEMENT, LLC ONE INDEPENDENT DRIVE, SUITE 2201 JACKSONVILLE, FL 32202
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U00000361127  
05/05/05-80061-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Trisbee 04-26-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #