


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L01000018923 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
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04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0572233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

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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<p>U000000694480 04/17/07-80020-014 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Katherine A. Trisbee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small> _____ <small>Daytime Phone #</small> _____
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