

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90073 010 \*\*\*138.75

**DOCUMENT # L01000018923**

1. Entity Name  
NATIONAL P.E.T. SCAN PINELLAS, LLC



Principal Place of Business

THE KOGER CTR. PASCO BLDG  
STE 110 805 EXECUTIVE Center DR. W.  
SAINT PETERSBURG, FL 33702

Mailing Address

ONE INDEPENDENT DRIVE  
SUITE 2201  
JACKSONVILLE, FL 32202

60008067



**DO NOT WRITE IN THIS SPACE**

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
01-0572233

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

*Dewey & LeBoeuf  
LLP*

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Dix DRUCK*

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

Date

Daytime Phone #

*2/4/08*