2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019127

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

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE SUITE 2201 JACKSONVILLE, FL 32202	ONE INDEPENDENT DRIVE SUITE 2201 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

03012006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
04-3706313	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, THOMAS E ESQ
LEBOEF, LAMB, GREENE, MACRAE
50 N. LAURA ST., SUTIE 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_____

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

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NATIONAL P.E.T SCAN MANAGEMENT, LLC
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2201
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Katherine A. Frisbee*   03-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #