


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90191 011 ****50.00

DOCUMENT # L02000030918	
1. Entity Name NUCLEAR MEDICINE OF NAPLES, L.L.C.	

Principal Place of Business C/O MICHAEL MORRISON 671 GOODLETTE ROAD, STE. 140 NAPLES FL 34102	Mailing Address C/O MICHAEL MORRISON 671 GOODLETTE ROAD, STE. 140 NAPLES FL 34102
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-0589081		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent MORRISON, MICHAEL 671 GOODLETTE ROAD, STE. 140 NAPLES FL 34102		7. Name and Address of New Registered Agent Name MICHAEL MORRISON Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
----------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAPLES NUCLEAR MEDICINE, INC. 671 GOODLETTE ROAD, STE. 140 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUEREDI, ADAM DR 1857 GALLEON DRIVE NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **MICHAEL MORRISON** **2/2/04** **239-2638007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #