

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030918

FILED
Apr 27, 2004
Secretary of State

Entity Name: NUCLEAR MEDICINE OF NAPLES, L.L.C.

Current Principal Place of Business:

C/O MICHAEL MORRISON
671 GOODLETTE ROAD, STE. 140
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL MORRISON
671 GOODLETTE ROAD, STE. 140
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0589081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, MICHAEL
671 GOODLETTE ROAD, STE. 140
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NAPLES NUCLEAR MEDIC, INE, INC.
Address: 671 GOODLETTE ROAD, STE. 140
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: FUEREDI, ADAM DR
Address: 1857 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADAM FUEREDI

MGMR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date