2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L02000030918

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:

C/O MICHAEL MORRISON
599 9TH ST. N SUITE 211
NAPLES, FL 34102

Current Mailing Address:

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

New Mailing Address:

C/O MICHAEL MORRISON
599 9TH ST. N., SUITE 211
NAPLES, FL 34102

FEI Number: 65-0589081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

MORRISON, MICHAEL
599 9TH. ST. N.
SUITE 211
NAPLES, FL 34102 US

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: MICHAEL MORRISON 05/02/2005
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: MGRM (X) Change ( ) Addition
Name: NAPLES NUCLEAR MEDIC, INE, INC.
Address: 599 9TH. ST. N., SUITE 211
City-St-Zip: NAPLES, FL 34102

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: MICHAEL MORRISON MNGR 05/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date