

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 03, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL MORRISON
599 9TH ST. N., SUITE 211
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
599 9TH. ST. N.
SUITE 211
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/MANAGERS:

Title: MGRM
Name: NAPLES NUCLEAR MEDICINE, INC.
Address: 599 9TH. ST. N., SUITE 211
City-St-Zip: NAPLES, FL 34102

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

I hereby 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

MM

03/03/2010

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