

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012665

**FILED**  
**Mar 15, 2004**  
**Secretary of State**

**Entity Name:** MOLECULAR IMAGING OF CHARLOTTE COUNTY, LLC

**Current Principal Place of Business:**

2030 BEE RIDGE ROAD, SUITE A  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2030 BEE RIDGE ROAD, SUITE A  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 56-2340304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEDI, INITA K  
2030 BEE RIDGE ROAD, SUITE A  
SARASOTA, FL 34239

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BEDI, INITA K PRESIDE  
Address: 2030 BEE RIDGE ROAD, SUITE A  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Change (X) Addition  
Name: BEDI, NEIL S VPRES  
Address: 2030 BEE RIDGE ROAD, SUITE A  
City-St-Zip: SARASOTA, FL 34239

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:** INITA BEDI

MGRM

03/15/2004

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