

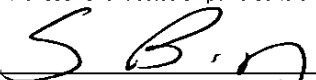
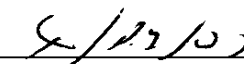


DOCUMENT # L04000002278				Secretary of State	
1. Entity Name PET/CT CENTER OF NORTH FLORIDA, LLC				04-20-2007 90026 011 ****50.00	
Principal Place of Business 1895 KINGSLEY AVE, STE 600 ORANGE PARK, FL 32073		Mailing Address 1895 KINGSLEY AVE, STE 600 ORANGE PARK, FL 32073		20008390	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. Box 19919			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Chg-LLC CR2E083 (12/06)	
City & State		City & State Jacksonville, FL		4. FEI Number 02-0714353	
Zip		Zip 32245		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH HULSEY & BUSEY 225 WATER ST, STE 600 JACKSONVILLE, FL 32202				Name	
				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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARYANI, SHYAM B 3599 UNIVERSITY BOULEVARD SOUTH #1000 JACKSONVILLE, FL 32216	<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	
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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 exemptions contained in Chapter 119, 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:  					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					