

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000026467

1. Entity Name
RADPET, LLC



Principal Place of Business
**2114 AIRPORT BLVD., STE. 1950
PENSACOLA, FL 32504**

Mailing Address
**2114 AIRPORT BLVD., STE. 1950
PENSACOLA, FL 32504**



03092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1628174

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DERAIMO, ANTHONY J M.D.
2114 AIRPORT BLVD., STE. 1950
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BALCHUNAS, WILLIAM MD
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABBOT, FRANKLIN D
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POST, ALBERT A
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DERAIMO, ANTHONY J
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CRAMER, HARRY R JR
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRIFFITH, PATRICIA Y
2114 AIRPORT BLVD, STE 1950
PENSACOLA, FL 32503**

U00000673244
03/29/07-80021-007 55.00

**DO NOT WRITE
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ANTHONY J. DERAIMO X 3/13/2007 850-476-8402