2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Jul 10, 2007 08:00 AM Secretary of State

DOCUMENT #	L04000035166
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1. Entity Name

PET IMAGING CENTERS OF BREVARD, LLC



Principal Place of Business 1430 S. PINE STREET MELBOURNE, FL 32901 Mailing Address

1430 S. PINE STREET MELBOURNE, FL 32901



05032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 20-1102111 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD, STE. 505 MELBOURNE, FL 32901

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the obligat	named entity submits this statement for the purpose of chan lons of registered agent.	ging its registered office or registered agent, or bol	h, in the State of Florida. I am familiar with, and accept
0/04/47/55			U00000767752
SIGNATURE_	Signature, typed or printed name of registered agent and ade if applicable	(NOTE Registered Agent signature required when reinstating)	07710707-80015-015 50.00
Fil Due l	ing Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR CHARLES, SILAS J 1430 S. PINE STREET MELBOURNE, FL 32901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not on this report is true and accurate and that my signature shallfly company or the receiver or trustee empowered to exec	publify for the exemptions contained in Chapter 118 all have the same legal effect as if made under or rule this report as required by Chapter 608, Florida	Florida Statutes. I further certify that the information th; that I am a managing member or manager of the Statutes.