

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002584

**FILED**  
**Feb 23, 2007**  
**Secretary of State**

**Entity Name:** MOLECULAR IMAGING PHYSICIANS, LLC

**Current Principal Place of Business:**

3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25487  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 20-4064474

**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 US

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

BEDI, INITA K  
3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233 US

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: INITA BEDI

02/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PET CONSULTANTS, INC.,  
Address: 2030 BEE RIDGE ROAD, SUITE A  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BEDI, INITA K PRES  
Address: 3830 BEE RIDGE ROAD, SUITE 100  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

02/23/2007

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