


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 032 \*\*\*\*50.00

|  |                                      |  |  |   |  |
|--|--------------------------------------|--|--|---|--|
| DOCUMENT # L06000040190  |                                      |  |  |  |  |
| 1. Entity Name<br>NATIONAL P.E.T. SCAN PALM BEACH, LLC   |                                      |  |  |   |  |
| Principal Place of Business<br>16110 JOG ROAD<br>SUITE <del>200</del> <b>B</b><br>DELRAY BEACH, FL 33446   |                                      |  | Mailing Address<br>16110 JOG ROAD<br>SUITE <del>200</del> <b>B</b><br>DELRAY BEACH, FL 33446   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.<br><b>Suite B</b>  |                                      | Suite, Apt. #, etc.<br><b>Suite B</b>                              |  |   |  |
| City & State   |                                      | City & State   |  |   |  |
| Zip  | Country                              | Zip  | Country  | 4. FEI Number<br><b>74-3174286</b>  |  |
| 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  |   |  |
| GIBBS, THOMAS E<br>LEBOEUF, LAMB, GREENE & MACRAE<br>50 N. LAURA STREET, SUITE 2800<br>JACKSONVILLE, FL 32202  |                                      |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                      |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |                                      | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | NATIONAL P.E.T. SCAN MANAGEMENT LLC  |  | NAME   |   |  |
| STREET ADDRESS   | ONE INDEPENDENT DRIVE, SUITE 2201    |  | STREET ADDRESS   |   |  |
| CITY- ST- ZIP  | JACKSONVILLE, FL 32202               |  | CITY- ST- ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME   |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS   |   |  |
| CITY- ST- ZIP  |                                      |  | CITY- ST- ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME   |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS   |   |  |
| CITY- ST- ZIP  |                                      |  | CITY- ST- ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME   |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS   |   |  |
| CITY- ST- ZIP  |                                      |  | CITY- ST- ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME   |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS   |   |  |
| CITY- ST- ZIP  |                                      |  | CITY- ST- ZIP  |   |  |
| 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: <u>Katherine A. Trisbee</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>  |                                      |  |  |   |  |
| Date   |                                      |  |  | Duration of Print   |  |