

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043350

FILED
Mar 23, 2009
Secretary of State

Entity Name: SHARED P.E.T. IMAGING OF FLORIDA, LLC

Current Principal Place of Business:

4056 TAMPA ROAD
OLDSMAR, FL 34677

New Principal Place of Business:

100 BAYVIEW CIRCLE
SUITE 400
NEWPORT BEACH, CA 92660

Current Mailing Address:

4912 HIGBEE AVE., NW
SUITE 100
CANTON, OH 44718

New Mailing Address:

P.O. BOX 6600
NEWPORT BEACH, CA 92658

FEI Number: 20-4766750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: SKILES, RANDY W
Address: 119 VIA PARADISIO
City-St-Zip: PALM BEACH GARDENS, FL 334186204

Title: PART () Delete
Name: OSSAKOW, STEVEN DR.
Address: 2676 CARRINGTON ST., NW
City-St-Zip: NORTH CANTON, OH 44720

Title: PART () Delete
Name: ROSEDALE, RAYMOND DR.
Address: 5005 BLAKEMORE TRAIL, NW
City-St-Zip: CANTON, OH 44718

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: VIVIANO, PAUL S
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: CFO (X) Change () Addition
Name: AIHARA, HOWARD K
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

Title: GC (X) Change () Addition
Name: GLOVINSKY, ELI H
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

Title: CAO () Change (X) Addition
Name: POAN, NICHOLAS A
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS A. POAN

CAO

03/23/2009

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