

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043350

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

100 BAYVIEW CIRCLE  
SUITE 400  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6600  
NEWPORT BEACH, CA 92658

**New Mailing Address:**

**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  
Name: VIVIANO, PAUL S  
Address: 100 BAYVIEW CIRCLE, SUITE 400  
City-St-Zip: NEWPORT BEACH, CA 92660 US

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

Title: SEC  
Name: POAN, NICHOLAS A  
Address: 100 BAYVIEW CIRCLE, SUITE 400  
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby 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

SEC

01/24/2012

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