2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 22, 2008 08:00 A Secretary of State DOCUMENT # L07000060717 1. Entity Name NUCLEAR DIAGNOSTIC LLC Principal Place of Business Mailing Address 875 MILITARY TRAIL, SUITE 200 875 MILITARY TRAIL, SUITE 200 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANSAL, RAJENDRA K Street Address (P.O. Box Number is Not Acceptable) 875 MILITARY TRAIL, SUITE 200 JUPITER, FL 33458 City Zip Code 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Delete TITLE NAME BANSAL, RAJENDRA K NAME 01/23/08-80048-017 138.75 875 MILITARY TRAIL, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-\$1-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP I hereby certify that the information supplied with this filling 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.

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