

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000143****1. Entity Name**  
PHARMALOGIC P.E.T. SERVICES, LLC

<b>Principal Place of Business</b> 809 E. PALMETTO PARK ROAD  BOCA RATON FL 33432	<b>Mailing Address</b> 809 E. PALMETTO PARK ROAD  BOCA RATON FL 33432
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<b>2. Principal Place of Business</b> 1 SOUTH OCEAN BLVD. Suite, Apt. #, etc. SUITE 206 City & State BOCA RATON FL	<b>3. Mailing Address</b> 1 SOUTH OCEAN BLVD. Suite, Apt. #, etc. SUITE 206 City & State BOCA RATON FL
Zip 33432	Country

<b>4. FEI Number</b> 65-0972572	<b>Applied For</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CHATOFF HOWARD S 809 E. PALMETTO PARK ROAD  BOCA RATON FL 33432	<b>7. Name and Address of New Registered Agent</b> Name CHATOFF HOWARD S Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH OCEAN BLVD. SUITE 206 City BOCA RATON FL Zip Code 33432
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**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.****SIGNATURE HOWARD S. CHATOFF****02/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CHATOFF HOWARD S 809 E. PALMETTO PARK ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CHATOFF HOWARD S 1 SOUTH OCEAN BLVD., SUITE 206 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Howard S. Chatoff MGRM 02/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)