2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# M00000000143

Entity Name: PHARMALOGIC P.E.T. SERVICES, LLC

Current Principal Place of Business:

1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432

New Principal Place of Business:

1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432 US

Current Mailing Address:

1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432

New Mailing Address:

1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432 US

FEI Number: 65-0972572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHATOFF, HOWARD S
1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

CHATOFF, HOWARD S
1 SOUTH OCEAN BLVD.
SUITE 206
BOCA RATON, FL 33432 US

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 CHATOFF 01/09/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CHATOFF, HOWARD S
Address: 1 SOUTH OCEAN BLVD. , SUITE206
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHATOFF, HOWARD S
Address: 1 SOUTH OCEAN BLVD. , SUITE206
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD CHATOFF MGRM 01/09/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date