


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003704 1. Entity Name SHARED P.E.T. IMAGING, LLC	
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Principal Place of Business 4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718	Mailing Address 4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718
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04202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1903476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKILES, RANDY W 4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEDALE, RAYMOND S 4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSSAKOW, STEVEN J 4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718
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<p>U00000350032 05/02/05-80088-014 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Charles N. Kuhn COO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-05 330-491-0480
Date Daytime Phone #