2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003704

1. Entity Name
SHARED P.E.T. IMAGING, LLC

Principal Place of Business	Mailing Address
4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718	4912 HIGBEE AVE. NW STE 100 CANTON, OH 44718

DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
34-1903476
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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. 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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SKILES, RANDY W
STREET ADDRESS	4912 HIGBEE AVE. NW STE 100
CITY-ST-ZIP	CANTON, OH 44718
TITLE	MGRM
NAME	ROSEDALE, RAYMOND S
STREET ADDRESS	4912 HIGBEE AVE. NW STE 100
CITY-ST-ZIP	CANTON, OH 44718
TITLE	MGRM
NAME	OSSAKOW, STEVEN J
STREET ADDRESS	4912 HIGBEE AVE. NW STE 100
CITY-ST-ZIP	CANTON, OH 44718
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80072-004 50.00

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 2-15-06 330-639-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RANDY W. SKILES

EXT. 145 - MARIA DUER ACCOUNTING DEPT