

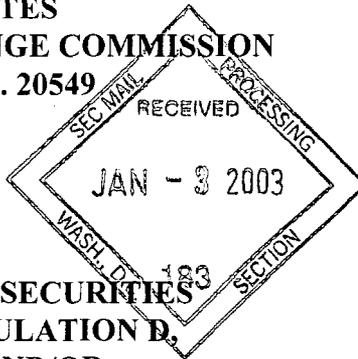
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THOMSON  
FINANCIAL

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549



OMB APPROVAL
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03000229

FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		

Name of Offering ( check is this amount is an amendment and name has changed, and indicate change.)  
Morris County PET Management LLC - Private Placement of 100 Units of its Membership Interests

Filing Under (Check Box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE

Type of Filing:  New Filing  Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  
Morris County PET Management LLC

Address of Executive Offices (Number & Street, City, State, Zip Code) Telephone Number  
(Including Area Code)  
119 Cherry Hill Road, Parsipanny, New Jersey 07054 (973) 394-0455

Address of Principal Business Operations (Number & Street, City, State, Zip Code) Telephone  
Number (Incl. Area Code)  
(if different from Executive Offices)

Brief Description of Business

The proposed business of the Issuer is to lease and/or otherwise make available facilities and medical equipment to licensed or otherwise authorized providers and to provide certain administrative and management services related to the provision of PET diagnostic imaging services by entities providing such imaging services and to engage in any other lawful acts or activities for which limited liability companies may be organized under the LLC Act.

Type of Business Organization

corporation  limited partnership, already formed  other (please specify)  
 business trust  limited partnership, to be formed Limited Liability Company

**Actual or Estimated Date of Incorporation or Organization:**

Month [01] Year [2002] [] Actual [] Estimated

**Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [ NJ ]**

**2. Enter the information requested for the following:**

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

**Check Box(es) that apply:** [] Promoter [] Beneficial [] Executive [] Director [] General and/or  
Owner Officer Managing Partner

**Full Name (Last name first, if individual)**

Premier P.E.T. Imaging International, Inc.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

2300 Glades Road, Suite 100W, Boca Raton, FL 33431

**Check Box(es) that apply:** [] Promoter [] Beneficial [] Executive [] Director [] General and/or  
Owner Officer Managing Partner

Manager of the limited liability company issuer

**Full Name (Last name first, if individual)**

Schulman, Stephen A.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

2300 Glades Road, Suite 100W, Boca Raton, FL 33431

**Check Box(es) that apply:** [] Promoter [] Beneficial [] Executive [] Director [] General and/or  
Owner Officer Managing Partner

**Full Name (Last name first, if individual)**

Hematology Associates of New Jersey, PA

**Business or Residence Address (Number and Street, City, State, Zip Code)**

Collins Pavillion, Clinton Memorial Hospital, 97 W. Parkway, Pompton Plains, NJ 07444

Check Box(es) that apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

**Full Name (Last name first, if individual)**

IDOC, LLC

**Business or Residence Address (Number and Street, City, State, Zip Code)**

100 Madison Avenue, Morristown, NJ 07962

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Yes  No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ No Minimum
3. Does the offering permit joint ownership of a single unit?  Yes  No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only.

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ 250,000	\$ 250,000
Equity .....	\$ 0	\$ 0
[ ] Common [ ] Preferred		
Convertible Securities (including warrants) .....	\$ 0	\$ 0
Membership Interests .....	\$ 10,000	\$ 10,000
Other (Specify) .....	\$ 0	\$ 0
<b>Total</b> .....	<b>\$ 260,000</b>	<b>\$ 260,000</b>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	3	\$ 260,000
Non-Accredited Investors .....	None	\$ 0
<b>Total (for filings under Rule 504 only)</b> .....		<b>\$</b>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security (Includes Debt and Equity)	Dollar Amount Sold
Rule 505	0	\$ 0
Regulation A	0	\$ 0
Rule 504	0	\$ 0
<b>Total</b>	0	<b>\$ 0</b>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/> ]\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/> ]\$ _____
Legal Fees .....	<input type="checkbox"/> ]\$ 12,500 _____
Accounting Fees .....	<input type="checkbox"/> ]\$ _____
Engineering Fees .....	<input type="checkbox"/> ]\$ _____
Sales Commissions (specify finders' fee separately) .....	<input type="checkbox"/> ]\$ _____
Other Expenses (identify) .....	<input type="checkbox"/> ]\$ _____
<b>Total</b> .....	<input type="checkbox"/> ]\$ 12,500 _____

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$ 247,500

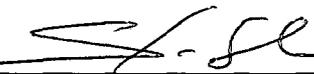
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ 53,375 _____
Purchase of real estate .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ 5,000 _____
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ 9,700 _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ _____
Repayment of indebtedness .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ _____
Working capital .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ 179,425 _____
Other (specify) (See (1) below) .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ _____
<b>Column Totals</b> .....	<input type="checkbox"/> ]\$ _____	<input type="checkbox"/> ]\$ 247,500 _____

Total Payments Listed (column totals added) . . . . .	<input type="checkbox"/> \$ <u>247,500</u>
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**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

<b>Issuer (Print or Type)</b> Morris County PET Management LLC	<b>Signature</b> 	<b>Date</b> December <u>30</u> , 2002
<b>Name of Signer (Print or Type)</b> Stephen A. Schulman	<b>Title of Signer (Print or Type)</b> Manager	

<b>ATTENTION</b>
Intentional misstatements of omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any disqualification provisions of such rule?  Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

<b>Issuer (Print or Type)</b> Morris County PET Management LLC	<b>Signature</b> 	<b>Date</b> December 30, 2002
<b>Name of Signer (Print or Type)</b> Stephen A. Schulman	<b>Title of Signer (Print or Type)</b> Manager	

***Instruction:***

**Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.**

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Debt and Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
DE		✓	\$200,200	1	\$200,200				✓
NJ		✓	\$ 59,800	2	\$ 59,800				✓