

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

0584314

DOCUMENT # F00000003162

1. Entity Name

P.E.T. NET PHARMACEUTICAL SERVICES, INC.

06-19-2001 90009 009 ***550.00

00071592



DO NOT WRITE IN THIS SPACE

Principal Place of Business 810 INNOVATION DRIVE KNOXVILLE TN 37932		Mailing Address 810 INNOVATION DRIVE KNOXVILLE TN 37932	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country	Zip	Country	Zip

4. FEI Number 62-1801322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADS, MARK	NAME	
STREET ADDRESS	810 INNOVATION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37932	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILTON, HANK	NAME	
STREET ADDRESS	810 INNOVATION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37932	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMGREN, BRAD	NAME	
STREET ADDRESS	3571 PEACHTREE PARKWAY, SUITE C	STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE GA 30024	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHS, JERRY	NAME	
STREET ADDRESS	3571 PEACHTREE PARKWAY, SUITE C	STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE GA 30024	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESAR, RUTH	NAME	
STREET ADDRESS	2609 CAPITOL AVE., SUITE 7	STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95816	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTT, RON	NAME	
STREET ADDRESS	810 INNOVATION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37932	CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)