## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach

SIGNATURE:

## Feb 06, 2004 8:00 am **Secretary of State** DOCUMENT # F02000006381 1. Entity Name 02-06-2004 90003 002 \*\*\*150.00 CTI MOLECULAR IMAGING INC Principal Place of Business Mailing Address 810 INNOVATION DRIVE KNOXVILLE TN 37932 810 INNOVATION DRIVE **KNOXVILLE TN 37932** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 62-1377363 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State See affacted scholated dota. OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE Delete TITLE DOUGLASS, TERRY D NAME NAME STREET ADDRESS STREET ADDRESS 2123 LAKEPOINT DRIVE CITY-ST-ZIP KNOXVILLE TN 37922 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BROPHY, GREG NAME NAME 810 INNOVATION DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN 37932 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NUTT, "RONALD" NAME: STREET ADDRESS 2121 LAKEPOINT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KNOXVILLE TN 37922 ☐ Delete TITLE Change Change ☐ Addition TITLE GILL, DAVID NAME NAME 849 POET'S CORNER WAY STREET ADDRESS STREET ADDRESS KNOXVILLE TN 37919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. 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 10 or Block 11 if

FILED

Daytime Phone #



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