


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90041 028 \*\*\*150.00

<b>DOCUMENT # F02000006381</b>		
1. Entity Name CTI MOLECULAR IMAGING INC		

40022823



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

02022005 Chg-P CR2E034 (10/03)

4. FEI Number 62-1377363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTT, RONALD PH.D 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, JECK H 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jack H. McCall 810 Innovation Drive Knoxville TN 37932 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUTT, RONALD 2121 LAKEPOINT DRIVE KNOXVILLE, TN 37922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Cliffreda Gilreath 804 O'Connell Drive Knoxville TN 37922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, DAVID 849 POET'S CORNER WAY KNOXVILLE, TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Schedule <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack H. McCall Date: Feb 8, 2005 865-248-3830

**ATTACHMENT 40022823**  
**#FOZ 000006381**

**CTI Molecular Imaging, Inc.**  
**Delaware Corporation**  
**62-1377363**

**PRESIDENT:**

Ronald Nutt, Ph.D.

810 Innovation Drive, Knoxville, TN 37932

**SECRETARY:**

Jack H. McCall

810 Innovation Drive, Knoxville, TN 37932

**VICE PRESIDENTS:**

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Cliffreda Gilreath

810 Innovation Drive, Knoxville, TN 37932

**DIRECTORS:**

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