

REFERENCE

965301

4815646

AUTHORIZATION

COST LIMIT

ORDER DATE: May 23, 1996

ORDER TIME : 10:22 AM

ORDER NO. 965301

CUSTOMER NO:

4815646

100001841261

CUSTOMER:

Ms. Pamela J. Burnham

Syncor International 20001 Prairie Street

Chatsworth, CA 91311

FOREIGN_FILINGS

NAME:

P.E.T.NET PHARMACEUTICAL SERVICES CORPORATION

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT_PERSON: __Victoria_L._ Perez_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. P.E.T.Net Pharmaceu [Name of corporation: must in abbreviations of like import in or partnership if not so contail	nclude the word "INCORPO language as will clearly inc	RATED", "COMPANY", "C licate that it is a corporation	ORPORATION" or words or instead of a natural person
2. Delaware (State or country under the la	w of which it is incorporate	3. 95-436859 (FEI number, if app	7 licable)
4. December 23, 1991 (Date of Incorporation)	5. <u>per</u>	netual Itlon: Your corp. will coasa	to exist or "perpetual")
6. upon qualificatio (Date first transacted busines	n s in Florida. <i>(Seo sections t</i>	607.1501, 607.1502, and	ANSE 96 817.155 ES./H
7. 20001 Prairie St.	ATTN: Legal Dept.		Y 28 W 28 HASSE
Chatsworth, CA 91	311 irrent mailing address)		
8. To engage in any Code including ow (Purpose(s) of corporation se	nership and operation	on of P.E.T. facilit	ies Gr. w
9. Name and street addre	ess of Florida register	red agent:	
Name:_T	he Prentice-Hall Co	rporation System, In	ne.
Office Address: 1	201 Hays Street	·····	
T	allahassee	, Florid	a, 32301
	····		(Zip Code)
10. Registered agent's ac	•		
Having been named as reg corporation at the place of registered agent and agree of all statutes relative to the with and accept the obligat	fesignated in this app to act in this capacity he proper and complet	lication, I hereby acc . I further agree to co e performance of my (ept the appointment as mply with the provisions
Ву: <		<u></u>	
	(Registered agent's signat	wey 8 Asst. V.G	2
11. Attached is a certificat	e of existence duly au	henticated, not more	than 90 days prior to

delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

12.	Names	and	addresses	of	officers	and/or	directors	5:

A. DIRECTORS

	Chairman: .	nonty ru	_		
	Address:	20001 Prairie St.			
	-	Chatsworth, CA 91311	_		
	Vice: Chairm	nan:	_		
	Address: _		_		
	Director:	Gene R. McGrevin			
	·	20001 Prairie St.	-		
			- .		
		Chataworth, CA 91311 Robert G. Funari	- TAS	LO.	
		20001 Prairie St.	- ECR	96 HAY	
		Chataworth, CA 91311	- HASE	Y 28	
B. OF	FICERS	Unarrottii, UA 91311	- SEE		177
_ .			OF STATE E. FLORIDA	#:	O
		Gene R. McGrevin		5	
•	After the second second	20001 Prairie St.	, A		
		Chateworth, CA 91311	-		
	The second secon	nt: Robert G. Funari	• .		
	Address: _	2000t Prairie St.	•		,
· · ·		Chatsworth, CA 91311			1. 1
	Secretary: _	Haig S. Bagerdjian	•		
	Address: _	20001 Prairie St.	•		
•		Chatsworth, CA 91311	• .		
	Treasurer: _	Michael E. Mikity			
	Address:	20001 Prairie St.	• .		
	<u>-</u>	Chatsworth, CA 91311	•		
NOTE: If n	ecessary, you may/a) trach an addendum to the application listing additio	nal office	ers and	: d/or
directors				<u></u>	· · · · · · · · · · · · · · · · · · ·
13.	12 L				
(Signatur ¢	of Chairman, Vice Con	fman, or any officer listed in number 12 of the application.			
	• •				

14. Haig S. Bagerdjian, Secretary
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P.E.T.NET PHARMACEUTICAL SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE DEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

95 MAY 28 AM II: 19
SECRETARY OF STATE
AHASSEE, FLORIDA



Edward J. Freel, Secretary of State

AUTHENTICATION:

7952081

DATE:

05-20-96

2282891 8300 960145160



ACCOUNT NO. : 072100000032

REFERENCE : 401922 4815646

AUTHORIZATION : Totalicia Ment

COST LIMIT : \$ 35.00

ORDER DATE : May 22, 1997

ORDER TIME : 9:46 AM

ORDER NO. : 401922-010

CUSTOMER NO: 4815646

CUSTOMER: Ms. Pamela J. Burnham

Syncor International 6464 Canoga Avenue

Woodland Hills, CA 91367-2407

FOREIGN FILINGS

NAME: P.E.T.NET PHARMACEUTICAL

SERVICES CORPORATION

XX PROFIT
NON-PROFIT

XX CORPORATE
LIMITED PARTNERSHIP

200002189612--9

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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	(Name	of Corporation)		U: 22	<u>ا</u> الم
De1a	wnre			Hich .	工。
	(Incorpora	ned Under Laws Of)		12.55	6
This corporation is n Florida and hereby vo Florida.	o longer transacting luntarily surrenders it	business or conducti s authority to transac	ing affairs with t business or co	in the Sta	ite of irs in
This corporation revolution behalf and appoints the of action arising during Florida.	e Department of State	e as its agent for servi	ice of process b	pased on a	cause
The following is a curr any process against this	ent mailing address to corporation that may	o which the Departme be served on the Dep	ent of State may partment.	y mail a co	py of
6464 Canoga Ave	., ATTN: Legal Der (Maili	ot. ng Address)			
Woodland Hills.		D 191		<u> </u>	_
	(City/	State/Zip)			
The corporation agrees address.	o notify the Departme		re of any chang cretary	e in its mai	iling
01	Asumine		11114		
	Bagerdjian	May	2, 1997		
Ty	ped or printed name	<u> </u>	Date		

FLORIDA DEPARTMENT OF STATE Sundra B, Mortham Secretary of State

This will acknowledge receipt of your request for information concerning the withdrawal of authority of a foreign corporation that is transacting business or conducting affairs in Florida Pursuant to section 607.1520 or 617.1520, Florida Statutes, the following requirements must be met:

Complete the withdrawal application printed on the reverse side of this letter.

The document must be signed by the chairman or vice chairman of the board of directors or any officer or fiduciary if appropriate (see section 607.0120 or 617.01201, Florida Statutes).

Fees for withdrawal are:

\$ 35.00 Filing Fee

\$ 52.50 Certified Copy (optional) \$ 8.75 Certificate of Status (optional)

Send one check for the total amount made payable to the Department of State.

CR2E023(1/95)