


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006191 1. Entity Name MOLECULAR IMAGING CORPORATION					
Principal Place of Business 9530 TOWNE CENTRE DR SUITE 120 SAN DIEGO, CA 92121			Mailing Address 9530 TOWNE CENTRE DR SUITE 120 SAN DIEGO, CA 92121		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 11-2787966
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Lyle, Mitch 11839 Loretto Woods Ct Jacksonville, FL 32223			7. Name and Address of New Registered Agent Name Paracorp Incorporated Street Address (P.O. Box Number Is Not Acceptable) 236 East 6th Avenue City Tallahassee, FL Zip Code 32303		
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 <u><i>Denise Zollner</i></u> Denise Zollner, Assistant Secretary, 1/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> Paracorp Incorporated					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CROWE, PAUL J <input type="checkbox"/> Delete 2150 W WASHINGTON, SUITE 110 SAN DIEGO, CA 92110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth C. Frederick 9530 Towne Centre Drive, Suite 120 San Diego, CA 92121	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD <input type="checkbox"/> Delete INSLEY, THOMAS 2150 W WASHINGTON, SUITE 110 SAN DIEGO, CA 92110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dennis M. Mulroy Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RUSH, JEFF 2150 W WASHINGTON, SUITE 110 SAN DIEGO, CA 92110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Athen J. Davis Same as above	
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 200042797152 06/01/05--01036--010 **150.00	
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 200042797152 11/16/04--01071--021 **550.00	
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 200042797152 06/01/05--01036--011 **208.75	
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 life empowered.					
SIGNATURE: <u><i>Dennis M. Mulroy</i></u> Dennis M. Mulroy, CFO, 8.19.04, 858-642-0032 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

05 MAY 23 PM 1:24

RECEIVED
TAX & ACCOUNTING
FLORIDA



REINSTATEMENT 04-05