


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAR 24 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000283 P.E.T.NET PHARMACEUTICAL SERVICES, LLC C/O JAMES H. MONACO 330 RESEARCH COURT, SUITE 300 NORCROSS GA 30092		1a. Principal Place of Business Address C/O JAMES H. MONACO 330 RESEARCH COURT, SUITE 300 NORCROSS GA 30092	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 6455 East Johns Crossing Suite, Apt. #, etc. Suite 402 City & State Duluth, Georgia Zip 30155 Country USA		2a. Mailing Address 6455 East Johns Crossing Suite, Apt. #, etc. Suite 402 City & State Duluth, Georgia Zip 30155 Country USA	
3. Date Organized or Qualified 06/19/1996		3a. State of Formation DE	
4. FEI Number 58-2235110		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCGREVIN, GENE R	330 RESEARCH COURT, SUITE	NORCROSS GA
MGRM	GIEBER, CAROL	330 RESEARCH COURT, SUITE	NORCROSS GA
MGRM	DOUGLASS, TERRY	330 RESEARCH COURT, SUITE	NORCROSS GA
MGRM	NUTT, RONALD	330 RESEARCH COURT, SUITE	NORCROSS GA
MGRM	MONACO, JAMES H	330 RESEARCH COURT, SUITE	NORCROSS GA
			600002126166--S -03/27/97--01096--008 ****203.75 ****203.75 JB3-24-97
11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		2/28/97	710-622-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #