


File on or before May 1, 1999 or Limited Liability Company will be  
subject to a \$ 400.00 LATE FEE.

19-908-5380

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M96000000283</b>  P.E.T.NET PHARMACEUTICAL SERVICES, LLC <del>650 ENGINEERING DR</del> <b>810 INNOVATION DR.</b> <del>NORCROSS GA 30092</del> <b>KNOXVILLE, TN 37932</b>		1a. Principal Place of Business Address  <del>650 ENGINEERING DR</del> <b>810 INNOVATION DR.</b> <del>NORCROSS GA 30092</del> <b>KNOXVILLE, TN 37932</b>	
2. Principal Place of Business <b>810 Innovation Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>Same</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>06/19/1996</b>	3a. State of Formation <b>DE</b>
City & State <b>Knoxville, TN</b>	City & State	4. FEI Number <b>58-2235118</b> <del>58-2235110</del>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>37932</b>	Country <b>Knox</b>	5. Date of Last Report <b>04/09/1998</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>000002853640---</b> Suite, Apt. #, etc. <b>-04/27/99--01073--001</b> City <b>FL</b> Zip Code <b>33418.75</b>	
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) (NOTE: Registered Agent's signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCGREVIN, GENE R	<del>3571 Peachtree Pkwy Suite C</del> <del>650 ENGINEERING DR</del>	<del>Siwanee GA 30024</del>
MGRM	MONAGO, JAMES H	<del>650 ENGINEERING DR</del>	<del>NORCROSS GA delete</del>
MGRM	DOUGLASS, TERRY D	810 INNOVATION DR	KNOXVILLE TN
MGRM	NUTT, RONALD PHD	810 INNOVATION DR	KNOXVILLE TN
MGRM	GILLILAND, DAVID L PHD	309-G S. WESTGATE DR	GREENSBORO NC
MGRM	PHELPS, MICHAEL E PHD	10833 LE CONTE AVE	LOS ANGELES CA
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: <u><i>Denny D. Dugg</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date: _____ Day: _____			