

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of Siate

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

			T FOR THE YEAI	R	
Filing Period: January I (FORM MUST BE TYPED OR		ling Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporat	ion			
117855		armaceuticals, Inc.			
3. Street Address Principal Business Office			City	State	37037
4. Business Phone No.	NATION OF	5. State of Incorporation	1 Knoxville	IN	6. SIC Code
4. Business Paone No. 3. State of Incorporation TENNESSEE					9886
7. Brief Description of the Chan DEVELOP, MANUI			G RADIOLOGICAL PHARMAC	EUTICALS.	
B. NAMES AND ADDRES	SSES OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	1	
Dr. Konald	Nott, Ph. C	),	Marks. Ar	<u>idreaco</u>	
Street Address Innovation Drive			810 Innovation Drive		
Knoxville	State TN	<sup>zip</sup> 37932	Knoxville	State 1	<sup>zip</sup> 37932
Secretary Name Sock. H. McCall			Treasurer Name  NONe		
Street Address KIO IV NO	ration C	)1,16	Street Address		
Knoxville	State	<sup>zip</sup> 37932	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRECT	ORS: ("X" BOX FOR AT	and the second of the second o	SPACES BEFORE USIN	G ATTACHMENTS
Director Name	NI. LL OI	<u> </u>	Director Name		
Street Address			Street Address		
810 Trno	in tion Dri	VP.			
City ,	State	Zip	City	State	Zip
Knoxville		37932			
Director Name			Director Name		•
Street Address			Street Address		
t the state of the			. SHEEL AUGHESS		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	 ED <i>("X" BOX FOR A</i> :	 TTACHMENT) []	11. SHARES ISSUED (*	 X" BOX FOR ATTACHN	 MENT) □
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			1.000	Common	none
This		7.1	<u> </u>		<del></del>
This report must	t be signed in ink by e	ither the President, Vice	President, Secretary, Assistan	t Secretary, Treasurer, R	eceiver or Trustee
11		<b>MI BEIMI MIII IMB</b> I			

 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

This H. M. CRU

Print or Type Name of Officer

SEENCENA

Title of Officer

## P.E.T. Net Pharmaceuticals, Inc. Tennessee Corporation 58-2587636

Officers	<u>Title</u>	Address
Dr. Ronald Nutt, Ph.D.	President & CEO	810 Innovation Drive Knoxville, TN 37932
Mark S. Andreaco	Sr. Vice President	810 Innovation Drive Knoxville, TN 37932
Thomas E. Welch	Vice President Operations	810 Innovation Drive Knoxville, TN 37932
Jack H. (Nick) McCall	Secretary	810 Innovation Drive Knoxville, TN 37932
Dave L. Morehous	Assistant Secretary	810 Innovation Drive Knoxville, TN 37932
Director		
Dr. Ronald Nutt, Ph.D.	Director	2121 Lake Point Drive Knoxville, TN 37922