

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90066 008 \*\*\*150.00

**DOCUMENT # F01000000630**

1. Entity Name

**IMAGE-GUIDED NEUROLOGICS, INC.**

Principal Place of Business

**2290 WEST EAUGALLIE  
 MELBORNE FL 32935**

Mailing Address

**2290 WEST EAUGALLIE  
 MELBORNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1870695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MAZZOCCHI, RUDY 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO FIELDER, RICHARD 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RENNER, MIKE 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PALMER, CRAIG 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, PHILIP 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MURDOCH, FRANK 2290 WEST EAUGALLIE MELBORNE FL 32935</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**RICHARD FIELDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/02**

Date

**321-757-8990**

Daytime Phone #

CR2E034 (9/01)

Attachment # F01000000  
630  
780343

Image-Guided Neurologics, Inc.  
FEI # 41-1870695

2002 Uniform Business Report (UBR)  
Document # F01000000630

11. Officers and Directors

Charles Truwit, MD  
378 Ferndale Road, West  
Wayzata, MN 55391  
Director

John Kucharczyk, MD  
1050 Lane Creek Ct.  
Bishop, GA 30621  
Director

B. Kristine Johnson  
Affinity Ventures II, LLC  
901 Marquette Avenue, #1810  
Minneapolis, MN 55402  
Secretary

Peter H. McNerney  
Coral Ventures  
60 South 6<sup>th</sup> Street, #3510  
Minneapolis, MN 55402  
Chairman

Russell French  
Noro-Moseley Partners  
9 North Parkway Square  
Atlanta, GA 30327-1966  
Director