

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000630

FILED
Mar 03, 2005
Secretary of State

Entity Name: IMAGE-GUIDED NEUROLOGICS, INC.

Current Principal Place of Business:

2290 WEST EAUGALLIE
210
MELBORNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2290 WEST EAUGALLIE
210
MELBORNE, FL 32935

New Mailing Address:

FEI Number: 41-1870695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARTNER, CHRISTINE A
IMAGE - GUIDED NEUROLOGICS, INC.
2290 W. EAUGALLIE #210
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MAZZOCCHI, RUDY
Address: 2290 WEST EAUGALLIE
City-St-Zip: MELBORNE, FL 32935

Title: VCFO () Delete
Name: FIELDER, RICHARD
Address: 2290 WEST EAUGALLIE
City-St-Zip: MELBORNE, FL 32935

Title: V () Delete
Name: RENNER, MIKE
Address: 2290 WEST EAUGALLIE
City-St-Zip: MELBORNE, FL 32935

Title: V () Delete
Name: BRIDGES, THOMAS
Address: 2999 S. HWY A1A, APT 12 N
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: V () Delete
Name: SOLAR, MATTHEW
Address: 290 NORMANDY DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE GARTNER

CONT

03/03/2005

Electronic Signature of Signing Officer or Director

Date