

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

142

DOCUMENT # F01000000630	
1. Entity Name IMAGE-GUIDED NEUROLOGICS, INC.	



06 JAN -9 PM 2:04

SEC. STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2290 WEST EAUGALLIE # 210 MELBORNE, FL 32935	Mailing Address 2290 WEST EAUGALLIE # 210 MELBORNE, FL 32935
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent GARTNER, CHRISTINE A IMAGE - GUIDED NEUROLOGICS, INC. 2290 W. EAUGALLIE #210 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P O Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Michele Miller Assistant Secretary DATE: 1/6/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	700064414097 01/25/06--01003--016 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAZZOCCHI, RUDY 2290 WEST EAUGALLIE MELBORNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William A. Hawkins 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FIELDER, RICHARD 2290 WEST EAUGALLIE MELBORNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFD/D Gary L. Ellis 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENNER, MIKE 2290 WEST EAUGALLIE MELBORNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Terrance L. Carlson 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIDGES, THOMAS 2999 S. HWY A1A, APT 12 N MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Thomas M. Tefft 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLAR, MATTHEW 290 NORMANDY DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael D. Ellwein 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Philip J. Albert 701 Medtronic Parkway Minneapolis, MN 55432 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil P. Ayotte Asst. Secretary DATE: 1/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil P. Ayotte

11. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 11 (continued)

TITLE V  
NAME Todd Langevin  
STREET ADDRESS 701 Medtronic Parkway  
CITY-ST-ZIP Minneapolis, MN 55432

TITLE V  
NAME Jake Gjorass  
STREET ADDRESS 701 Medtronic Parkway  
CITY-ST-ZIP Minneapolis, MN 55432

TITLE Asst. Secretary  
NAME Neil P. Ayotte  
STREET ADDRESS 701 Medtronic Parkway  
CITY-ST-ZIP Minneapolis, MN 55432