

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90186 035 \*\*\*150.00

**DOCUMENT # F01000000630**

1. Entity Name  
**MEDTRONIC IMAGE-GUIDED NEUROLOGICS, INC.**



Principal Place of Business  
**2290 WEST EAUGALLIE  
# 210  
MELBORNE, FL 32935**

Mailing Address  
**2290 WEST EAUGALLIE  
# 210  
MELBORNE, FL 32935**

**40050440**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007

Chg-P

CR2E034 (12/06)

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

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

Name

**CT Corporation System**

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

**1200 South Pine Island Rd**

City

**Plantation**

FL

Zip Code

**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HAWKINS, WILLIAM A</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	
TITLE	VCFD	<input type="checkbox"/> Delete
NAME	<b>ELLIS, GARY L</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	<b>CARLSON, TERRANCE L</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>TEFFT, THOMAS M</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>ELLWEIN, MICHAEL D</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	
TITLE	ALBE	<input type="checkbox"/> Delete
NAME	<b>RT, PHILIP J</b>	
STREET ADDRESS	<b>701 MEDTRONIC PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55432</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>710</b>	
STREET ADDRESS	<b>710</b>	
CITY-ST-ZIP	<b>710</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>710</b>	
STREET ADDRESS	<b>710</b>	
CITY-ST-ZIP	<b>710</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>710</b>	
STREET ADDRESS	<b>710</b>	
CITY-ST-ZIP	<b>710</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Todd Langavin</b>	
STREET ADDRESS	<b>710</b>	
CITY-ST-ZIP	<b>710</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V P Philip J Albert</b>	
STREET ADDRESS	<b>710</b>	
CITY-ST-ZIP	<b>710</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Philip J Albert**  
**Vice President**

Date

**3/23/07 7635144000**

Daytime Phone #

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000630

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Plantation

FL

Zip Code  
33324

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SIGNATURE

*Michelle Miller*  
Signature typed or printed name of registered agent and fee if applicable

**Michelle Miller**  
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

700064414097  
/25/06--01003--016 \*\*\$150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO MAZZOCCHI, RUDY 2290 WEST EUGALLIE MELBORNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCFO FIELDER, RICHARD 2290 WEST EUGALLIE MELBORNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RENNER, MIKE 2290 WEST EUGALLIE MELBORNE, FL 32935	<input checked="" type="checkbox"/> Delete
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 SOLAR, MATTHEW 280 NORMANDY DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	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/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/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 Michael D. Ellwein 701 Medtronic Parkway Minneapolis, MN 55432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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SIGNATURE:

*Neil P. Ayotte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

1/6/06

Daytime Phone #

Neil P. Ayotte

06 JAN -9 PM 2:04

SEL.  
TALLAHASSEE FLORIDA

ATTACHMENT

40050440

0062006

Chg-P

CR2E034 (11/05)