

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

0128199  
AV

DOCUMENT # F01000000630

1. Entity Name  
IMAGE-GUIDED NEUROLOGICS, INC.



03-17-2003 91092 005 \*\*\*158.75

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

Mailing Address  
2290 WEST EAUGALLIE  
# 210  
MELBORNE FL 32935



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
41-1870695

Applied For  
Not Applicable

Zip Country

Zip Country

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  
Christine A. Waller  
Street Address (P.O. Box Number is Not Acceptable)  
2290 West Eaugallie  
#210  
City Melbourne FL Zip Code 32935

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 Christine A. Waller 3/7/03  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 PCEO ☐ Delete  
NAME MAZZOCCHI, RUDY  
STREET ADDRESS 2290 WEST EAUGALLIE  
CITY-ST-ZIP MELBORNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCFO ☐ Delete  
NAME FIELDER, RICHARD  
STREET ADDRESS 2290 WEST EAUGALLIE  
CITY-ST-ZIP MELBORNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME RENNER, MIKE  
STREET ADDRESS 2290 WEST EAUGALLIE  
CITY-ST-ZIP MELBORNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME SMITH, PHILIP  
STREET ADDRESS 2290 WEST EAUGALLIE  
CITY-ST-ZIP MELBORNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME Bridges, Thomas  
STREET ADDRESS 2999 S Highway A1A, Apt. 12N  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME Solar, Matthew  
STREET ADDRESS 290 Normandy Drive  
CITY-ST-ZIP Indian Shores, FL 32903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Fielder 3/10/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)