2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# F03000003615

Entity Name: INOVISE MEDICAL, INC.

Current Principal Place of Business:

1025 INDUSTRIAL PARKWAY, SUITE C
NEWBERG, OR 97132

New Principal Place of Business:

10565 SW NIMBUS AVENUE
100
PORTLAND, OR 97223

Current Mailing Address:

1025 INDUSTRIAL PARKWAY, SUITE C
NEWBERG, OR 97132

New Mailing Address:

10565 SW NIMBUS AVENUE
100
PORTLAND, OR 97223

FEI Number: 91-1774694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCD ( ) Delete
Name: WHITE, PATRICIA A
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

Title: VCFO ( ) Delete
Name: WHOLIHAN, EDWARD
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

Title: V ( ) Delete
Name: SHAMBROOM, JOHN
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

Title: V ( ) Delete
Name: SHELTON, DAVID
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

Title: V ( ) Delete
Name: BAUER, PETER
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

Title: AS ( ) Delete
Name: MULEE, ANNETTE M
Address: 1025 INDUSTRIAL PARKWAY, SUITE C
City-St-Zip: NEWBERG, OR 97132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: WHITE, PATRICIA A
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

Title: VCFO (X) Change ( ) Addition
Name: WHOLIHAN, EDWARD
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

Title: V (X) Change ( ) Addition
Name: SHAMBROOM, JOHN
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

Title: V (X) Change ( ) Addition
Name: SHELTON, DAVID
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

Title: V (X) Change ( ) Addition
Name: BAUER, PETER
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

Title: AS (X) Change ( ) Addition
Name: MULEE, ANNETTE M
Address: 10565 SW NIMBUS AVENUE
City-St-Zip: PORTLAND, OR 97223

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: EDWARD J. WHOLIHAN VCFO 01/19/2005

Electronic Signature of Signing Officer or Director — Date