


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90181 040 ***150.00

DOCUMENT # F04000004851

1. Entity Name
UNETIXS VASCULAR, INC.



Principal Place of Business
8192 POST ROAD
NORTH KINGSTOWN, RI 02852

Mailing Address
8192 POST ROAD
NORTH KINGSTOWN, RI 02852

50036012



2. Principal Place of Business
115 Airport Street
 Suite, Apt. #, etc.

3. Mailing Address
115 Airport Street
 Suite, Apt. #, etc.

03012005 Chg-P CR2E034 (10/03)

City & State
North Kingstown, RI

City & State
North Kingstown, RI

Zip Country
02852 U.S.

Zip Country
02852 U.S.

4. FEI Number
05-0447708

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERTOINO, WILLIAM
4115 W. BARCELONA STREET
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D	<input type="checkbox"/> Delete
NAME MOSCOVITA, PETER A	
STREET ADDRESS 253 ROLLINGHILL ROAD	
CITY-ST-ZIP PORTSMOUTH, RI 02871	
TITLE VP	<input type="checkbox"/> Delete
NAME HAEFELE, JOHN	
STREET ADDRESS 7 FLORENCE STREET	
CITY-ST-ZIP PUTNAM, CT 06260	
TITLE SE/D	<input type="checkbox"/> Delete
NAME CASTILLO, ANTHONY	
STREET ADDRESS 188 WESTCOTT AVENUE	
CITY-ST-ZIP CRANSTON, RI 02910	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSCOVITA, PETER A.	
STREET ADDRESS 253 ROLLINGHILL ROAD	
CITY-ST-ZIP PORTSMOUTH, RI 02871	
TITLE S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAEFELE, JOHN	
STREET ADDRESS 7 FLORENCE STREET	
CITY-ST-ZIP PUTNAM, CT 06260	
TITLE V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTILLO, ANTHONY	
STREET ADDRESS 188 WESTCOTT AVENUE	
CITY-ST-ZIP CRANSTON, RI 02910	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Handwritten Signature]*

04/01/05

401-294-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #