


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004851 1. Entity Name UNETIXS VASCULAR, INC.	
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Principal Place of Business 115 AIRPORT ST NORTH KINGSTOWN, RI 02852	Mailing Address 115 AIRPORT ST NORTH KINGSTOWN, RI 02852
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0447708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BERTOLOINO, WILLIAM  
4115 W. BARCELONA STREET  
TAMPA, FL 33629

DO NOT WRITE  
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSCOVITA, PETER A 253 ROLLINGHILL ROAD PORSTMOUTH, RI 02871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAEFELE, JOHN 7 FLORENCE STREET PUTNAM, CT 06280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTILLO, ANTHONY 188 WESTCOTT AVENUE CRANSTON, RI 02910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000669617  
03/27/07-80076-024 150.00

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: Peter A. Moscovita 03/13/07 401-294-7559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter A. Moscovita, President