


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004851
 1. Entity Name
 UNETIXS VASCULAR, INC.



Principal Place of Business Mailing Address
 115 AIRPORT ST 115 AIRPORT ST
 NORTH KINGSTOWN, RI 02852 NORTH KINGSTOWN, RI 02852

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

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

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

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 06260
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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 02/29/08-80006-009 150.00

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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]* Date: 2/11/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR