

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004851

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: UNETIXS VASCULAR, INC.

**Current Principal Place of Business:**

115 AIRPORT ST  
NORTH KINGSTOWN, RI 02852

**New Principal Place of Business:**

125 COMMERCE PARK ROAD  
NORTH KINGSTOWN, RI 02852

**Current Mailing Address:**

115 AIRPORT ST  
NORTH KINGSTOWN, RI 02852

**New Mailing Address:**

125 COMMERCE PARK ROAD  
NORTH KINGSTOWN, RI 02852

FEI Number: 05-0447708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOSCOVITA, PETER A  
Address: 253 ROLLINGHILL ROAD  
City-St-Zip: PORTSMOUTH, RI 02871

Title: SD ( ) Delete  
Name: HAEFELE, JOHN  
Address: 7 FLORENCE STREET  
City-St-Zip: PUTNAM, CT 06260

Title: VD ( ) Delete  
Name: CASTILLO, ANTHONY  
Address: 188 WESTCOTT AVENUE  
City-St-Zip: CRANSTON, RI 02910

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOSCOVITA, PETER A  
Address: 253 ROLLINGHILL ROAD  
City-St-Zip: PORTSMOUTH, RI 02871

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER A. MOSCOVITA

PD

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date