
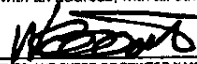


**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

3/1

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

03-19-2007 90057 032 \*\*\*150.00

<b>DOCUMENT # F05000004256</b>			
1. Entity Name INVIVO CORPORATION			
Principal Place of Business 12601 RESEARCH PARKWAY ORLANDO, FL 32826		Mailing Address 12601 RESEARCH PARKWAY ORLANDO, FL 32826	
2. Principal Place of Business		3. Mailing Address 1251 Avenue of the Americas	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New York, NY	
Zip	Country	Zip 10020-1104	Country
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent  Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street City: Tallahassee FL Zip Code 32301	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO EPSTEIN, GLENN 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Epstein, Glenn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARBERDING, LARRY 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Groenhuysen, Wilhelmus 1251 Avenue of the Americas New York, NY 10020-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERTINE, JOHN 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director and Senior Vice President Innamorati, Joseph 1251 Avenue of the Americas New York, NY 10020-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAF, A. JAY 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Oates, Warren T. 1251 Avenue of the Americas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, MICHAEL 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMPNER, THOMAS 450 OLD NISKAYUNA ROAD LATHAM, NY 12110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		WARREN T. OATES, JR. SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case # 3-13-07 212 536-0620	

ATTACHMENT

~~#66010923~~

This is not a  
new address for  
Correction Service Comp.  
This was filled out  
in an error.

Pls call me @ 212-536-0784.  
if you have any questions.