

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002711

Entity Name: AVID MEDICAL, INC.

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

9000 WESTMONT DR.
STONEHOUSE COMMERCE PARK
TOANO, VA 23168

New Principal Place of Business:

Current Mailing Address:

9000 WESTMONT DR.
STONEHOUSE COMMERCE PARK
TOANO, VA 23168

New Mailing Address:

FEI Number: 54-1843496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAHADY, MICHAEL
Address: 9000 WESTMONT DRIVE
City-St-Zip: TOANO, VA 23168

Title: VASD () Delete
Name: SETIAN, RICHARD
Address: 9000 WESTMONT DRIVE
City-St-Zip: TOANO, VA 23168

Title: S () Delete
Name: MARKLE, G D
Address: 4010 UNIVERSITY DR., STE 200
City-St-Zip: FAIRFAX, VA

Title: D () Delete
Name: LOMBARDI, PAUL V
Address: 2600 PENNY ROYAL LANE
City-St-Zip: RESTON, VA

Title: D () Delete
Name: RAMER, SCOTT
Address: 9000 WESTMONT DR.
City-St-Zip: TOANO, VA 23168

Title: D () Delete
Name: NEWSOME, KENNETH R
Address: 2115 WEST LABURNUM AVENUE
City-St-Zip: RICHMOND, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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 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: SCOTT RAMER

CFO

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date