

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002940

FILED
Apr 30, 2012
Secretary of State

Entity Name: TW NEUROVASCULAR RESEARCH, INC.

Current Principal Place of Business:

5338 1ST AVENUE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

P O BOX 547
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T
BRINKLEY MORGAN
200 EAST LAS OLAS BLVD, 19TH FL
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MASON, BRIAN J
526 N YACHTSMAN DR
SANIBEL, FL 33957 US

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: BRIAN MASON

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MASON, BRIAN J MD
Address: 526 NORTH YACHTSMAN DR
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: ESKIOGLU, ERIC MD
Address: 14771 JONATHAN HARBOUR DR
City-St-Zip: FT MYERS, FL 33908

Title: D
Name: GAVIN, JEFFREY R
Address: 7800 UNIVERSITY POINTE DR, S-100
City-St-Zip: FT MYERS, FL 33907

Title: D
Name: JOHNSON, KATHLEEN K CPA
Address: MILLER HELMS FOLK-6326 WHISKEY CREEK DR
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: RAZACK, NASSER MD
Address: 200 2ND AVENUE SOUTH, #513
City-St-Zip: ST PETERSBURG, FL 33701

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MASON

MD

04/30/2012

Electronic Signature of Signing Officer or Director

Date