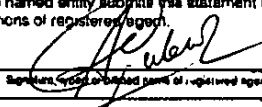
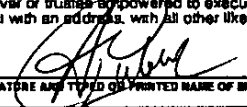


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90165 043 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000057795			
1. Entity Name INNOVISION MEDICAL, PA			
Principal Place of Business 7701 TIMBERLIN PK BLVD., SUITE 331 JACKSONVILLE, FL 32256		Mailing Address 7701 TIMBERLIN PK BLVD., SUITE 331 JACKSONVILLE, FL 32256	
2. Principal Place of Business 4500 SALISBURY Suite, Apt. #, etc. SUITE #160 City & State JACKSONVILLE, FL Zip 32216 Country USA		3. Mailing Address 4500 SALISBURY ROAD Suite, Apt. #, etc. SUITE 160 City & State JACKSONVILLE, FL Zip 32216 Country USA	
04212005		Chg-P CR2E034 (10/03)	
4. FEI Number 75-3117238		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULANI, SUPARNA A 7701 TIMBERLIN PK BLVD #331 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4500 SALISBURY ROAD #160 City JACKSONVILLE, FL Zip Code 32216	
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 		DATE 4/21/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP GULANI, SUPARNA A 7701 TIMBERLIN PK BLVD #331 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4500 SALISBURY ROAD #160 JACKSONVILLE, FL 32216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GULANI, ARUN C 7701 TIMBERLIN PK BLVD #331 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4500 SALISBURY ROAD #160 JACKSONVILLE, FL 32216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 4/21/05	
SIGNATURE AND TITLED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR		Daytime Phone #	

20048158

