04/21/2005 16:34 FAX

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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

20048158

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7701 TIMBERLIN PK BLVD., SUITE 331 JACKSONVILLE, FL 32256	7701 TIMBERLIN PK BLVD., SUITE 331 JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
4500 SALISBNRY	4500 SALISBURY ROAD
Suite, Apt #, etc: SUITE #160	Suite, Apt. #, etc.: SUITE 160
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

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 [signature] DATE 4/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	OP 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
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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: [signature] 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #