FILED
Jul 14, 2006 8:00 am
Secretary of State
07-14-2006 90019 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057795

1. Entity Name
INNOVISION MEDICAL, PA

40098954

Principal Place of Business	Mailing Address
450 SALISBURY STE #160 JACKSONVILLE, FL 32216	450 SALISBURY STE #160 JACKSONVILLE, FL 32216

07072006 Chg-P CR2E034 (11/05)

	2. Principal Place of Business	3. Mailing Address
Street	4500 Salisbury Rd.	4500 Salisbury Rd.
Suite, Apt. #, etc.	STE #160	STE #160
City & State	Jacksonville FL	Jacksonville FL
Zip / Country	32216 / US	32216 / US

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
4500 SALISBURY RD #160
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: Gulani, Arun C.
Street Address (P.O. Box Number is Not Acceptable): 4500 Salisbury RD
STE #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: X Arun C. Gulani
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GULANI, SUPARNA A 4500 SALISBURY RD #160 JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GULANI, ARUN C 4500 SALISBURY RD #160 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ 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 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: X [signature] Arun C. Gulani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #