

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123353

FILED  
Aug 27, 2008  
Secretary of State

Entity Name: NEUROINTERVENTIONAL THERAPEUTICS, INC.

## Current Principal Place of Business:

7032 BAYOU WEST AVENUE  
PINELLAS PARK, FL 33782 US

## New Principal Place of Business:

200 SECOND AVENUE SOUTH  
SUITE 513  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

7032 BAYOU WEST AVENUE  
PINELLAS PARK, FL 33782 US

## New Mailing Address:

200 SECOND AVENUE SOUTH  
SUITE 513  
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, GARY ESQ.  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

RAZACK, NASSER  
200 SECOND AVENUE SOUTH  
SUITE 513  
ST. PETERSBURG, FL 33701 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: NASSER RAZACK

08/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAZACK, NASSER M.D.  
Address: 7032 BAYOU WEST AVENUE  
City-St-Zip: PINELLAS PARK, FL 33782 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change ( ) Addition  
Name: RAZACK, NASSER M.D.  
Address: 200 SECOND AVENUE SOUTH SUITE 513  
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify 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: NASSER RAZACK

MGRM

08/27/2008

Electronic Signature of Signing Officer or Director

Date