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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P29809**

(1)

1. Corporation Name  
**INVIVO RESEARCH, INC.**



Principal Place of Business

Mailing Address

**12601 RESEARCH PKWY  
ORLANDO FL 32826**

**12601 RESEARCH PKWY  
ORLANDO FL 32826-3226**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSI, ROGER  
12601 RESEARCH PARKWAY  
ORLANDO FL 32826**

81 Name

**CT CORPORATION SYSTEMS**

82 Street Address

**1200 S. PINE ISLAND ROAD**

83

**PLANTATION, FL 33324**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Barbara A. Burke*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

**2-7-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **SUSI, ROGER E**  
STREET ADDRESS **12601 RESEARCH PKWY**  
CITY-ST-ZIP **ORLANDO FL 32826**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE  
NAME **HAWKINS, JAMES**  
STREET ADDRESS **49050 MILMONT DR.**  
CITY-ST-ZIP **FREEMONT CA 94538**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ DELETE  
NAME **GOGGIO, ERNIE**  
STREET ADDRESS **49050 MILMONT DRIVE**  
CITY-ST-ZIP **FREEMONT CA 94538**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **ASSISTANT SECRETARY**  
4.3 STREET ADDRESS **LOUIS S. WALDMAN**  
4.4 CITY-ST-ZIP **12601 RESEARCH PARKWAY**  
**ORLANDO, FL. 32826**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/97**

**407 275 3220**

Date Daytime Phone #

CR2E034 (9/96)