2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P95000038036

Entity Name: M-G NEURO-VASCULAR ULTRASOUND SERVICES, INC.

Current Principal Place of Business:

MG NEUROVASCULAR ULTR
3383 N.W. 7 STREET SUITE 107/108
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

MG NEUROVASCULAR ULTR
3383 N.W. 7 STREET SUITE 107/108
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0580354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEJIA, MARLIN
12080 SW 250 ST
PRINCETON, FL 33032 US

Name and Address of New Registered Agent:

MEJIA, MARLIN PD
12080 SW 250 ST
PRINCETON, FL 33032 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: MEJIA ,MARLIN 05/06/2005
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: MEJIA, MARLIN
Address: 12080 SW 250 ST
City-St-Zip: PRINCETON, FL 33032

Title: VP ( ) Delete
Name: GALINDO, JUAN C
Address: 12080 SW 250 ST
City-St-Zip: PRINCETON, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEJIA, MARLIN PD
Address: 12080 SW 250 ST
City-St-Zip: PRINCETON, FL 33032

Title: VP (X) Change ( ) Addition
Name: GALINDO, JUAN C VP
Address: 12080 SW 250 ST
City-St-Zip: PRINCETON, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MEJIA, MARLIN PD 05/06/2005
Electronic Signature of Signing Officer or Director Date