

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103352

FILED
Apr 01, 2005
Secretary of State

Entity Name: INTERVENTIONAL THERAPEUTICS, INC.

Current Principal Place of Business:

5102 N. DAVIS HWY
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

698 BRENT LANE
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3421326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHALTER, JEFF L PRES
94 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCHALTER, JEFF L
Address: 94 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: VP () Delete
Name: FAIRLEIGH, DAVID E
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: S () Delete
Name: KRUEGER, KURT A
Address: 11 SUGAR BOWL LANE
City-St-Zip: PENSACOLA BEACH, FL 32562 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID E. FAIRLEIGH, MD

VP

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date