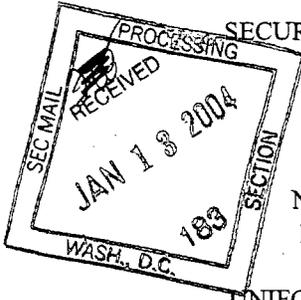


FORM D

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

Barcode with number 04000685  
E: May 31, 2005  
Estimated average burden  
hours per response..... 10

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) **SERIES C CONVERTIBLE PREFERRED STOCK**

Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE

Type of Filing:  New Filing  Amendment

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)

**IKONISYS, INC.**

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
**5 Science Park, Suite 1000, New Haven, CT 06511**

Telephone Number (Including Area Code)  
**(203) 776 - 0791**

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business **Research, development and marketing of medical devices**

**PROCESSED**  
**JAN 14 2004**  
**THOMSON FINANCIAL**

Type of Business Organization

- corporation  limited partnership, already formed  other (please specify)  
 business trust  limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: 1/0/99  Actual  Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;  
CN for Canada; FN for other foreign jurisdiction) **DE**

**GENERAL INSTRUCTIONS**

**Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where To File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice**

*Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.*

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Biovision, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Jay Bricke 347 Fifth Avenue, New York, NY 10016

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Petros Tsipouras

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Tafas, Triantafyllos

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Deutsche Bank AG, London

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Mr. Richard Spaulding ABS Ventures One Market Plaza Stuart Tower Suite 2400 San Francisco, CA 94105

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Stefano Ferrari

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Harry Penner, Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Carlo MeDici

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Mauro Bove

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Ikonisys, Inc., 5 Science Park, Suite 1000, New Haven, CT 06511

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes  No   
 Answer also in Appendix, Column 2, if filing under ULOE
2. What is the minimum investment that will be accepted from any individual? \$ 25,000
3. Does the offering permit joint ownership of a single unit? Yes  No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**C. OFFERING PRICE, NO. OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$	\$
Equity .....	\$	\$
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred	\$6,000,000	\$3,195,000
Convertible Securities (including warrants).....	\$	\$
Partnership Interests.....	\$	\$
Other (Specify _____)	\$	\$
Total .....	\$6,000,000	\$3,195,000

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	15	\$3,195,000
Non-accredited Investors .....	0	\$0
Total .....	0	\$0

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering.....	Type of Security	Dollar Amount Sold
Rule 505 .....	N/A	N/A
Regulation A.....	N/A	N/A
Rule 504 .....	N/A	N/A
Total .....	N/A	N/A

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input type="checkbox"/>	
Printing and Engraving Costs .....	<input type="checkbox"/>	
Legal Fees.....	<input type="checkbox"/>	\$40,000
Accounting Fees .....	<input type="checkbox"/>	\$25,000
Engineering Fees .....	<input type="checkbox"/>	
Sales Commissions (Specify finder's fees separately).....	<input type="checkbox"/>	
Other Expenses (identify) Recording and Legal Fees.....	<input type="checkbox"/>	\$5,000
Total .....	<input type="checkbox"/>	\$70,000

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." .....

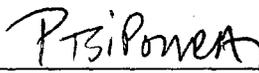
\$3,125,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees ..... <input checked="" type="checkbox"/>	\$200,000 <input type="checkbox"/>	
Purchase of real estate..... <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
Purchase, rental or leasing and installation of machinery and equipment..... <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
Construction or leasing of plant buildings and facilities ..... <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)..... <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
Repayment of indebtedness ..... <input checked="" type="checkbox"/>	\$ <input type="checkbox"/>	\$1,100,000
Working Capital..... <input type="checkbox"/>	\$ <input type="checkbox"/>	\$1,825,000
Other..... <input checked="" type="checkbox"/>	\$ <input type="checkbox"/>	\$
Column Totals ..... <input checked="" type="checkbox"/>	\$200,000 <input type="checkbox"/>	\$2,925,000
Total Payments Listed (column totals added).....		<input type="checkbox"/> \$3,125,000

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>IKONISYS, INC.</b>	Signature 	Date <b>01/09/04</b>
Name of Signer (Print or Type) <b>DR. PETROS TSIPOURAS</b>	Title of Signer (Print or Type) <b>PRESIDENT</b>	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

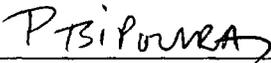
**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? ..... Yes  No

See Appendix, Column 5, for state response

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <b>IKONISYS, INC.</b>	Signature 	Date <b>01/09/04</b>
Name of Signer (Print or Type) <b>DR. PETROS TSIPOURAS</b>	Title of Signer (Print or Type) <b>PRESIDENT</b>	

*Instruction:*

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of Investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series C Convertible Preferred Stock \$6,000,000	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT		X	X	2	\$150,000	0	0		X
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT									
NE									
NV									
NH									
NJ									
NM									

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of Investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Series C Convertible Preferred Stock \$6,000,000	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
NY		X	X	9	\$685,000	0	0		X
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									
Non U.S.		X	X	4	2,360,000	0	0		X

**FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS**

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned Dr. Petros Tsipouras, (a corporation), (a partnership), a ( ) organized under the laws of Delaware, or (an individual), [strike out inapplicable nomenclature] for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby inevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:  
Dr. Petros Tsipouras, President  
Ikoniksys, Inc.

(Name)

5 Science Park, Suite 1000, New Haven, CT 06511

(Address)

Place an "X" before the name of all the States for which the person executing this form is appointing the designated Officer or that State as its attorney in that State for receipt of service of process:

<input type="checkbox"/> ALABAMA	Secretary of State	<input type="checkbox"/> FLORIDA	Department of Banking and Finance
<input type="checkbox"/> ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	<input type="checkbox"/> GEORGIA	Commissioner of Securities
<input type="checkbox"/> ARIZONA	The Corporation Commission	<input type="checkbox"/> GUAM	Administrator, Department of Finance
<input type="checkbox"/> ARKANSAS	The Securities Commissioner	<input type="checkbox"/> HAWAII	Commissioner of Securities
<input type="checkbox"/> CALIFORNIA	Commissioner of Corporations	<input type="checkbox"/> IDAHO	Director, Department of Finance
<input type="checkbox"/> COLORADO	Securities Commissioner	<input type="checkbox"/> ILLINOIS	Secretary of State
<input checked="" type="checkbox"/> CONNECTICUT	Banking Commissioner	<input type="checkbox"/> INDIANA	Secretary of State
<input type="checkbox"/> DELAWARE	Securities Commissioner	<input type="checkbox"/> IOWA	Commissioner of Insurance
<input type="checkbox"/> DISTRICT OF COLUMBIA	Public Service Commission	<input type="checkbox"/> KANSAS	Secretary of State
<input type="checkbox"/> KENTUCKY	Director, Division of Securities	<input type="checkbox"/> OHIO	Secretary of State
		<input type="checkbox"/> OREGON	Director, Department of Insurance and Finance

<u>      </u> LOUISIANA	Commissioner of Securities	<u>      </u> OKLAHOMA	Securities Administrator
<u>      </u> MAINE	Administrator, Securities Division	<u>      </u> PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process
<u>      </u> MARYLAND	Commissioner of the Division of Securities	<u>      </u> PUERTO RICO	Commissioner of Financial Institutions
<u>      </u> MASSACHUSETTS	Secretary of State	<u>      </u> RHODE ISLAND	Director of Business Regulation
<u>      </u> MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce	<u>      </u> SOUTH CAROLINA	Secretary of State
<u>      </u> MINNESOTA	Commissioner of Commerce	<u>      </u> SOUTH DAKOTA	Director of the Division of Securities
<u>      </u> MISSISSIPPI	Secretary of State	<u>      </u> TENNESSEE	Commissioner of Commerce and Insurance
<u>      </u> MISSOURI	Securities Commissioner	<u>      </u> TEXAS	Securities Commissioner
<u>      </u> MONTANA	State Auditor and Commissioner of Insurance	<u>      </u> UTAH	Director, Division of Securities
<u>      </u> NEBRASKA	Director of Banking and Finance	<u>      </u> VERMONT	Secretary of State
<u>      </u> NEVADA	Secretary of State	<u>      </u> VIRGINIA	Clerk, State Corporation Commission
<u>      </u> NEW HAMPSHIRE	Secretary of State	<u>      </u> WASHINGTON	Director of the Department Licensing
<u>      </u> NEW JERSEY	Chief, Securities Bureau	<u>      </u> WEST VIRGINIA	Commissioner of Securities
<u>      </u> NEW MEXICO	Director, Securities Div.	<u>      </u> WISCONSIN	Commissioner of Securities
<u>  X  </u> NEW YORK	Secretary of State	<u>      </u> WYOMING	Secretary of State
<u>      </u> NORTH CAROLINA	Secretary of State		
<u>      </u> NORTH DAKOTA	Securities Commissioner		

Dated this:       9th       day of       January      , 20  04  

(SEAL)

By       Dr. Petros Tsipouras      

      President      

      Title

CORPORATE ACKNOWLEDGEMENT

State or Province of Connecticut }  
County of New Haven } ss. New Haven

On this 9th day of JANUARY, 2004, before me Paul F. Silverio the undersigned officer, personally appeared Petrus Tsipouras, M.D. known personally to me to be the President & CEO (Title)

of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Paul F. Silverio  
Notary Public/Commissioner of Oaths

My Commission Expires 03/31/2006

(SEAL)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the used and purposed therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Commissioner of Oaths

My Commission Expires \_\_\_\_\_

(SEAL)