## I hereby 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 all other like empowered.

SIGNATURE: JEFFREY G DRAESEL

Electronic Signature of Signing Officer/Director Detail

### Name and Address of Current Registered Agent:

DRAESEL, JEFFREY G JR

11502 NE 7TH AVE

City-State-Zip: BISCAYNE PARK FL 33161

DRAESEL, JEFFREY G JR 11502 NE 7TH AVENUE BISCAYNE PARK, FL 33161 US

**Officer/Director Detail :** 

D.P

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.

Title

Name

Address

City-State-Zip:

### SIGNATURE:

Title

Name

Address

Electronic Signature of Registered Agent

2020 FLORIDA PROFIT	<b>CORPORATION ANNUAL REPORT</b>

### DOCUMENT# P1900008865

Entity Name: INNOVATIVE MEDICAL MANAGEMENT, INC

### **Current Principal Place of Business:**

1108 KANE CONCOURSE, SUITE 300 BAY HARBOR ISLAND. FL 33154

# **Current Mailing Address:**

1108 KANE CONCOURSE, SUITE 300 BAY HARBOR ISLAND. FL 33154

FEI Number: 83-3394565

1108 KANE CONCOURSE, SUITE 300

BAY HARBOR ISLAND FL 33154

D.VP

VITIELLO, GINO N

OWNER

06/16/2020 Date

FILED Jun 16, 2020 Secretary of State 7403606278CC

Certificate of Status Desired: No

Date