# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2009**
**Secretary of State**

DOCUMENT# F03000002126

**Entity Name:** INNOMED TECHNOLOGIES, INC.

**Current Principal Place of Business:**

6601 LYONS RD
BUILDING B,1,4
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

6601 LYONS RD
B1-B4
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6601 LYONS RD
BUILDING B1,4
COCONUT CREEK, FL 33073

**New Mailing Address:**

6601 LYONS RD
B1-B4
COCONUT CREEK, FL 33073

**FEI Number: 65-1027481** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LERNER, ALLAN M
2888 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306 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: CDVS ( ) Delete
Name: HERNANDEZ, SHARA
Address: 6601 LYONS RD , BUILDING B1,4
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete
Name: SHER, BRUCE
Address: 6601 LYONS RD, BUILDING B1,4
City-St-Zip: COCONUT CREEK, FL 33073

Title: VCDP ( ) Delete
Name: SHER, BRUCE
Address: 6601 LYONS RD, BUILDING B1,4
City-St-Zip: COCONUT CREEK, FL 33073

**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 exemption stated in Chapter 119, 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: M ASCH MNGR 03/17/2009

Electronic Signature of Signing Officer or Director Date