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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H74029**

1. Corporation Name
INNOVATIVE HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
6950 BRYAN DAIRY RD. LARGO FL 34647 US	BOX 4003 SEMINOLE FL 34642 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/03/1985

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 6950 Bryan Dairy Rd	26 Suite, Apt. #, etc.: 6950 Bryan Dairy Rd
22	27
23 City & State: Largo, FL	28 City & State: Largo, FL
24 Zip: 33777 25 Country: USA	29 Zip: 33777 30 Country: USA

4. FEI Number: 59-2600232 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANTOSTASI, PAUL 6950 BRYAN DAIRY ROAD LARGO FL 34647	81 Name: Kotha S. Sekharam 82 Street Address (P.O. Box Number is Not Acceptable): 6950 Bryan Dairy Road 83 84 City: Largo FL 85 Zip Code: 33777

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Kotha S. Sekharam, Pres. 5/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SANTOSTASI, PUL 3651 TORREY PINES BLVD SARASOTA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, P Kotha S. Sekharam 6950 Bryan Dairy Road Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARKEY, CHRIS 900 S. US HIGHWAY ONE, STE. 108 JUPITER FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D, CEO William L. LaGamba 6950 Bryan Dairy Road Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DEUTSCH, MARVIN 314 LAHACIENDA DRIVE INDIAN ROCKS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP Mihir K. Taneja 6950 Bryan Dairy Rd. Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D, S Jugal K. Taneja 6950 Bryan Dairy Rd. Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kotha S. Sekharam, Pres. 5/17/99 727/544-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #