FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J32190** **(7)**

1. Corporation Name

INNOVATIVE MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
955 TIMBERGREEN DR. LAKELAND FL 33809	10625 PLANTATION WOOD ARLINGTON TN 38002

2. Principal Place of Business
21 6548 Stage 1
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **09/05/1986**

3a. Date of Last Report: **03/15/1995**

4. FEI Number: **59-3057312** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, DOUGLAS D
955 TIMBERGREEN DR.
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1605, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HALL, WILLIAM JR.		2 NAME	
STREET ADDRESS	10625 PLANTATION WOOD		3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TN 38002		4 CITY ST ZIP	
TITLE	VPD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	STUARTS, EVANS		6 NAME	
STREET ADDRESS	3044 ORION COVE		7 STREET ADDRESS	
CITY-ST-ZIP	BARTLETT TN 38135		8 CITY ST ZIP	
TITLE	STD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	GRANT, WARREN S		10 NAME	
STREET ADDRESS	1607 REDBARN DR.		11 STREET ADDRESS	
CITY-ST-ZIP	CORDOVA TN 38018		12 CITY ST ZIP	
TITLE	C	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	BROWN, DOUGLAS D		14 NAME	
STREET ADDRESS	955 TIMBERGREEN DR.		15 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809		16 CITY ST ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY ST ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate and that the mandatory fee for the annual report is enclosed. 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 added by this annual report with an address.

SIGNATURE: William Hall 4-2-96 (901)386-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #