

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000342

FILED  
Sep 25, 2002  
Secretary of State

Entity Name: INNOVATION MEDICAL, L.C.

## Current Principal Place of Business:

3477 FOX HUNT DRIVE  
PALM HARBOUR, FL 34683

## New Principal Place of Business:

## Current Mailing Address:

3477 FOX HUNT DRIVE  
PALM HARBOUR, FL 34683

## New Mailing Address:

FEI Number: 59-3624670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAXSON, CHRISTOPHER C  
3477 FOX HUNT DRIVE  
PALM HARBOUR, FL 34683 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

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MAXSON ASSOCIATES, I, NC.  
Address: 3477 FOX HUNT DRIVE  
City-St-Zip: PALM HARBOUR, FL 34683

Title: MGRM ( ) Delete  
Name: S. WALKER ASSOCIATES, , INC.  
Address: 5678 BAYVIEW DRIVE  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRIS MAXSON

MGR

09/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date