


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000342
 1. Entity Name
INNOVATION MEDICAL, L.C.



Principal Place of Business 129 CARLYLE CIRCLE PALM HARBOR, FL 34683	Mailing Address 129 CARLYLE CIRCLE PALM HARBOR, FL 34683
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04212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**MAXSON, CHRISTOPHER C
 129 CARLYLE CIRCLE
 PALM HARBOR, FL 34683**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXSON ASSOCIATES, INC. 129 CARLYLE CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S. WALKER ASSOCIATES, INC. 5678 BAYVIEW DRIVE SEMINOLE, FL 33772
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 04/26/04-20041-011 50.00

11. 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 report is true and accurate and that my 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:  **4/27/04** **727-420-2010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #