

**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**



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 ☐

\$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 _____

Signature typed or printed name of registered agent and title if applicable

(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
**MGR
S. WALKER ASSOCIATES, INC.
5678 BAYVIEW DRIVE
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000128515
04/26/04-20041-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/04

727-420-2010