

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000342

FILED
May 01, 2006
Secretary of State

Entity Name: INNOVATION MEDICAL, L.C.

Current Principal Place of Business:

129 CARLYLE CIRCLE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

129 CARLYLE CIRCLE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3624670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXSON, CHRISTOPHER C
129 CARLYLE CIRCLE
PALM HARBOR, FL 34683 US

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/MANAGERS:

Title: MGR () Delete
Name: MAXSON ASSOCIATES, I, NC.
Address: 129 CARLYLE CIRCLE
City-St-Zip: PALM HARBOR, 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 Chapter 119, 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: CHRISTOPHER C. MAXSON

MGRM

05/01/2006

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