

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000342

FILED  
Aug 22, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

MAXSON, CHRISTOPHER C  
129 CARLYLE CIRCLE  
PALM HARBOR, 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/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 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

MGR

08/22/2008

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