



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 034 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000026847			
1. Entity Name INNOVA HEALTH TECHNOLOGIES, LLC			
Principal Place of Business 800 DOUGLAS RD, STE 247 CORAL GABLES, FL 33134 US		Mailing Address INNOVA HEALTH TECHNOLOGIES, LLC 800 DOUGLAS RD, STE 247 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 3211 PONCE DE LEON BLVD.		3. Mailing Address - SAME -	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. - SAME -	
City & State CORAL GABLES, FL		City & State	
Zip 33134		Country USA	
4. FEI Number 30-0122374		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)			
			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARMONA, MIGUEL 800 DOUGLAS RD STE 247 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARMONA, MIGUEL 3211 PONCE DE LEON BLVD. STE 207 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <i>David Calub Jr.</i>		Date: 30 Apr. '03 (205) 443-0953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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CHECK HERE IF MAKING CHANGES

C12E8837 (10/02)