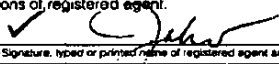


FILED
Mar 22, 2004 8:00 am
Secretary of State

02-19-2004 90161 009 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000011646			
1. Entity Name INVENTMD LLC			
Principal Place of Business 2210 JUITER LAKE BLVD., SUITE 5105 JUPITER, FL 33469		Mailing Address 2210 JUITER LAKE BLVD., SUITE 5105 JUPITER, FL 33469	
2. Principal Place of Business 1 Ocean Drive		3. Mailing Address 1 Ocean Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter, FL	
Zip 33469	Country USA	Zip 33469	Country USA
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name John Li, M.D. Street Address (P.O. Box Number is Not Acceptable) 1 Ocean Drive City Jupiter FL Zip Code 33469	
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 resigning) DATE 2/3/04			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI, JOHN MD, P.A 2210 JUITER LAKE BLVD., SUITE 5105 JUPITER, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John & Celeste Li, Tenants by the Entirety 1 Ocean Drive Jupiter, FL 33469 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 608, Florida Statutes. SIGNATURE:  DATE 2/3/04			