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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

34001876

Principal Place of Business	Mailing Address
2210 JUITER LAKE BLVD., SUITE 5105 JUPITER, FL 33469	2210 JUITER LAKE BLVD., SUITE 5105 JUPITER, FL 33469

01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1 Ocean Drive	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 [signature] 1/3/04
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

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
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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] 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #