2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000012782

1. Entity Name
INNOVA HEALTH INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134	3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134

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01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2091920
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMONA, MIGUEL A
3211 PONCE DE LEON BLVD., STE. 207
CORAL GABLES, FL 33134

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	INNOVA HEALTH TECHNOLOGIES, LLC
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	BIONNOVATION PRODUCTOS BIOMEDICOS
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	AURORA VENTURES, LLC
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	SOUTHERN PRIORITY, INC.
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80062-022 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/22/07 305-443-0953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #