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Jun 30, 2004 8:00 am
Secretary of State
06-30-2004 90025 018 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049491

1. Entity Name
INNOVATIVE HEALTHCARE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
1230 NE 139ST STE. 402 NORTH MIAMI, FL 33161	1230 NE 139ST STE. 402 NORTH MIAMI, FL 33161

14024507

06052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1230 NE 139ST	SAME
Suite, Apt. #, etc.: SUITE 402	Suite, Apt. #, etc.: SAME
City & State: NORTH MIAMI, FL	City & State: SAME
Zip: 33161 Country: USA	Zip: SAME Country: SAME

4. FEI Number 200461462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHYLIE, MICHAEL 1230 NE 139ST STE. 402 NORTH MIAMI, FL 33161	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHYLIE, MICHAEL 1230 NE 139ST STE. 402 NORTH MIAMI, FL 33161 ☐ 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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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: Michael Whylie 4/20/04 (305) 9815083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #