

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038085

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** INNOVATIVE MEDICAL INSTRUMENTS, LLC

**Current Principal Place of Business:**

4063 SALISBURY ROAD  
SUITE 208  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4063 SALISBURY ROAD  
SUITE 205  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4063 SALISBURY ROAD  
SUITE 208  
JACKSONVILLE, FL 32216

**New Mailing Address:**

4063 SALISBURY ROAD  
SUITE 205  
JACKSONVILLE, FL 32216

FEI Number: 20-4948617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

J. KEITH M. SANDS, P.A.  
4720 SALISBURY ROAD  
SUITE 56  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

WILLIAM R. HUSEMAN, P.A.  
3733 UNIVERSITY BLVD. WEST  
SUITE 210-B  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: WILLIAM R. HUSEMAN

09/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FREEDMAN, DONALD S  
Address: 4063 SALISBURY ROAD, STE 208  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete  
Name: CAMPBELL, DAVID  
Address: 4063 SALISBURY ROAD, STE 208  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FREEDMAN, DONALD S  
Address: 4063 SALISBURY ROAD, STE 205  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Change ( ) Addition  
Name: CAMPBELL, DAVID  
Address: 4063 SALISBURY ROAD, STE 205  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD S. FREEDMAN

MGR

09/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date