

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112465

FILED
Jul 31, 2006
Secretary of State

Entity Name: INNOVATION MEDICAL DEVICES, LLC

Current Principal Place of Business:

15401 ALICO ROAD
FT.. MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

15401 ALICO ROAD
FT.. MYERS, FL 33913 US

New Mailing Address:

FEI Number: 20-3852914 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:

Name and Address of New Registered Agent:

MCCULLERS, PAUL T
15401 ALICO ROAD
FT. MYERS, FL 33913 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCULLERS, PAUL T
Address: 15401 ALICO ROAD
City-St-Zip: FT. MYERS, FL 33913 US

Title: MGRM () Delete
Name: YOUNGQUIST, TIM G
Address: 15401 ALICO ROAD
City-St-Zip: FT.. MYERS, FL 33913 US

Title: MGRM () Delete
Name: YOUNGQUIST, HARVEY B
Address: 15401 ALICO ROAD
City-St-Zip: FT. MYERS, FL 33913 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL MC CULLERS

MR

07/31/2006

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