2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# L05000112465

Entity Name: INNOVATION MEDICAL DEVICES, LLC

Current Principal Place of Business:

15401 ALICO ROAD
FT.. MYERS, FL 33913 US

New Principal Place of Business:

10061 AMBERWOOD RD.
FORT MYERS, FL 33913 US

Current Mailing Address:

15401 ALICO ROAD
FT.. MYERS, FL 33913 US

New Mailing Address:

10061 AMBERWOOD RD.
FORT MYERS, FL 33913 US

FEI Number: 20-3852914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCCULLERS, PAUL T
10061 AMBERWOOD RD
FORT 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: 01/16/2007
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 AL;ICO 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:	MGRM (X) Change ( ) Addition
Name:	MCCULLERS, PAUL T
Address:	10061 AMBERWOOD RD.
City-St-Zip:	FORT MYERS, FL 33913 US
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 MCCULLERS MGRM 01/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date