2008 LIMITED LIABILITY COMPANY

Feb 11, $\overline{2008}$ 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L05000112465 02-11-2008 90139 024 ***138.75 INNOVATION MEDICAL DEVICES, LLC Principal Place of Business Mailing Address ennormal10061 AMBERWOOD RD. 10061 AMBERWOOD RD. FORT MYERS, FL 33913 FORT MYERS, FL 33913 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3852914 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCULLERS, PAUL T Street Address (P.O. Box Number is Not Acceptable) 10061 AMBERWOOD RD FORT MYERS, FL 33913 City 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 Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! REE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MCCULLERS, PAUL T NAME 10061 AMBERWOOD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ☐ Addition YOUNGQUIST, TIM G NAME NAME STREET ADDRESS 15401 AL;ICO ROAD STREET ADDRESS CITY-ST-ZIP FT., MYERS, FL 33913 CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ☐ Addition YOUNGQUIST, HARVEY B NAME NAME 15401 ALICO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: YAUL Mc Culler'S

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

239.225.7750

☐ Change

☐ Addition

Daytime Phone #

Date

FILED