

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90139 024 \*\*\*138.75

**DOCUMENT # L05000112465**

1. Entity Name  
**INNOVATION MEDICAL DEVICES, LLC**



Principal Place of Business      Mailing Address  
**10061 AMBERWOOD RD.**      **10061 AMBERWOOD RD.**  
**FORT MYERS, FL 33913 US**      **FORT MYERS, FL 33913 US**

60007000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01042008    Chg-LLC    CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**MCCULLERS, PAUL T**  
**10061 AMBERWOOD RD**  
**FORT MYERS, FL 33913**

**7. Name and Address of New Registered Agent**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCCULLERS, PAUL T	
STREET ADDRESS	10061 AMBERWOOD RD.	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YOUNGQUIST, TIM G	
STREET ADDRESS	15401 ALICO ROAD	
CITY-ST-ZIP	FT. MYERS, FL 33913	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YOUNGQUIST, HARVEY B	
STREET ADDRESS	15401 ALICO ROAD	
CITY-ST-ZIP	FT. MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE:** Paul McCullers      [Signature]      239-225-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #