2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L07000001922

Entity Name: INNOVATIVE MEDICAL SERVICES, LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD., SUITE 22-236
WELLINGTON, FL 33414

New Principal Place of Business:

11924 FOREST HILL BLVD., SUITE 22-236
WELLINGTON, FL 33414 US

Current Mailing Address:

11924 FOREST HILL BLVD., SUITE 22-236
WELLINGTON, FL 33414

New Mailing Address:

11924 FOREST HILL BLVD., SUITE 22-236
WELLINGTON, FL 33414 US

FEI Number: 20-8171046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALIN, BEN
11924 FOREST HILL BLVD., SUITE 22-236
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: GALIN, BEN
Address: 11924 FOREST HILL BLVD., SUITE 22-236
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: THERAPY ON DEMAND IN,
Address: 11924 FOREST HILL BLVD., SUITE 22-236
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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 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: BEN GALIN MGMR 04/24/2008

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